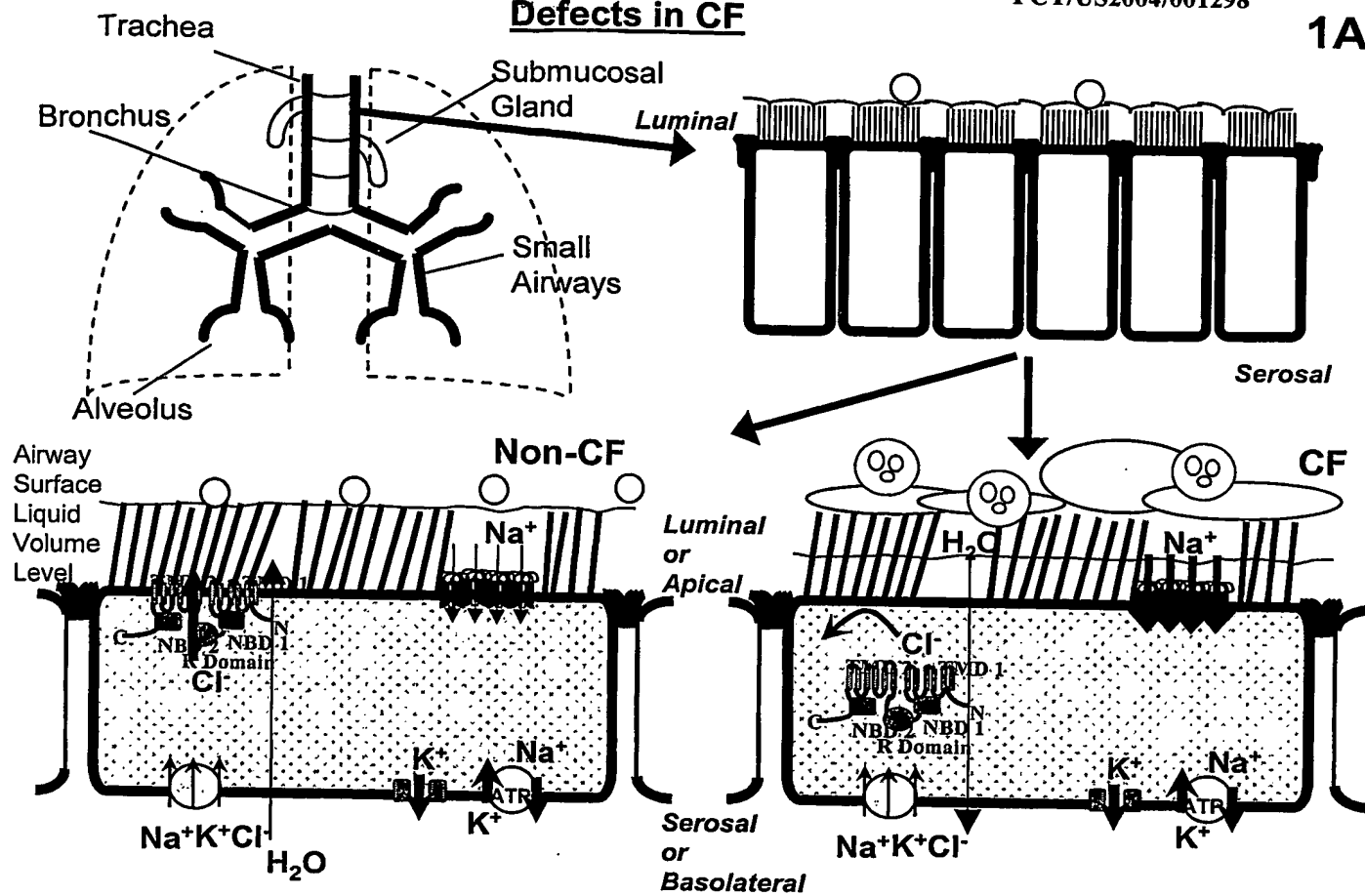
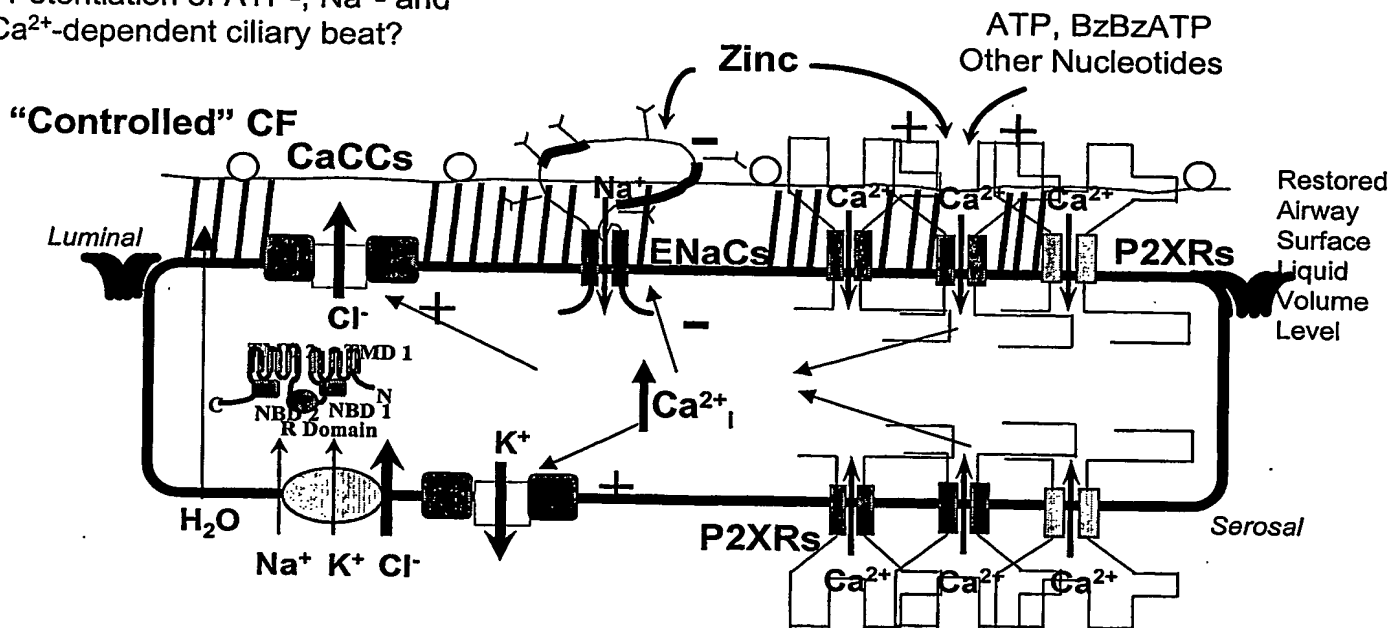


1A

Defects in CF**Zinc benefits to CF lung therapy**

1B

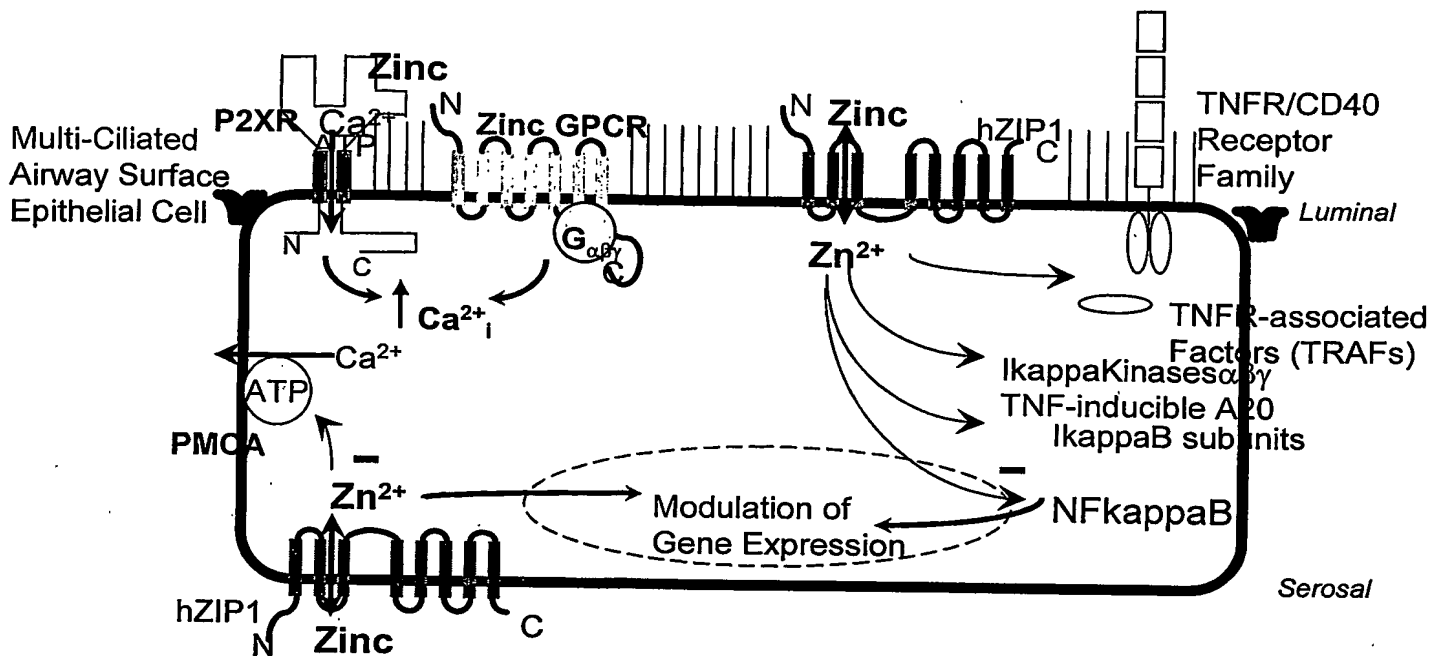
- Rescue of Cl⁻ and fluid secretion
- Attenuation of Na⁺ hyperabsorption
- Potentiation of ATP-, Na⁺- and Ca²⁺-dependent ciliary beat?



Zinc as an anti-inflammatory for CF and other airway diseases such as asthma and common cold

2A

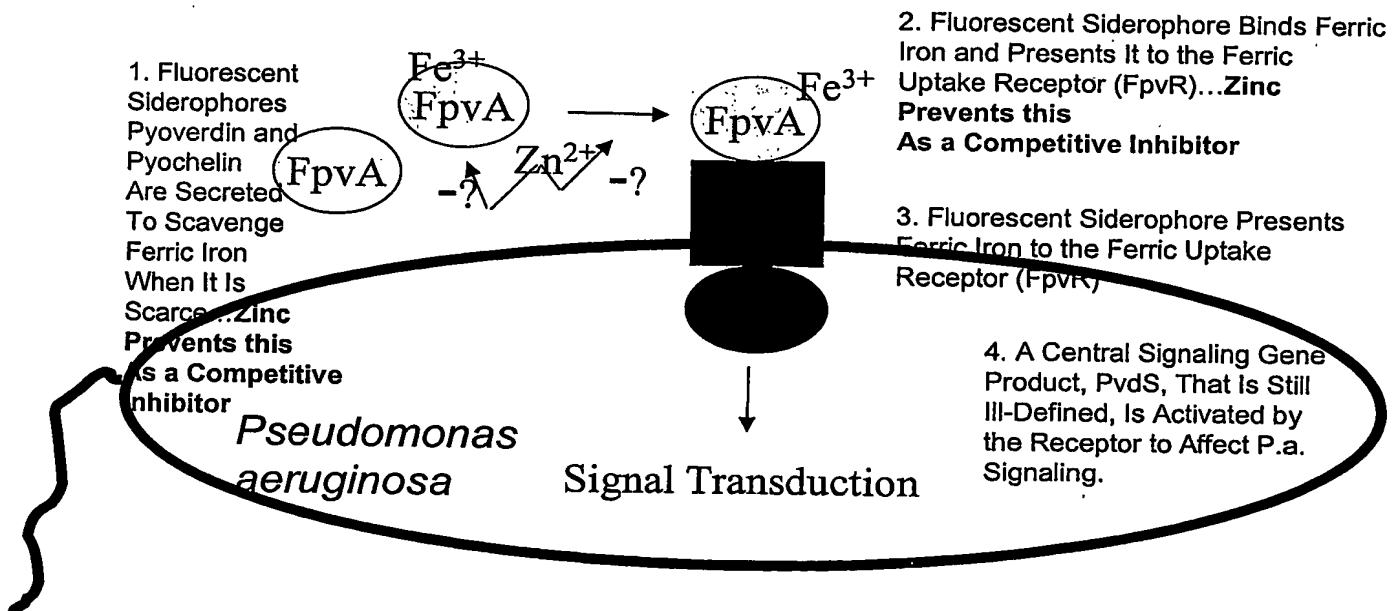
- Zinc in a solution-based formulation enters the cell as free ionic zinc and inhibits NFkappaB activation



Zinc as an anti-microbial for CF and other airway and GI diseases caused by bacterial pathogens

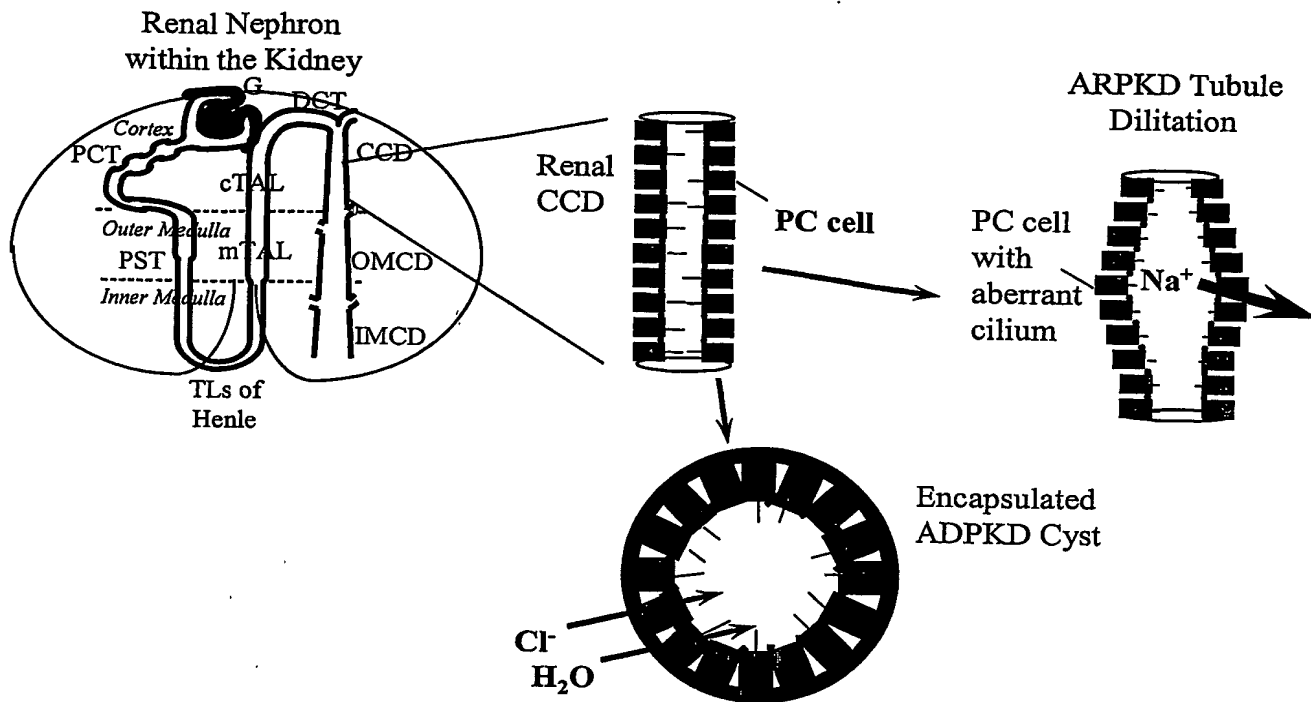
2B

- Zinc in a solution-based formulation competitively inhibits the metal scavenging system of a bacterium.



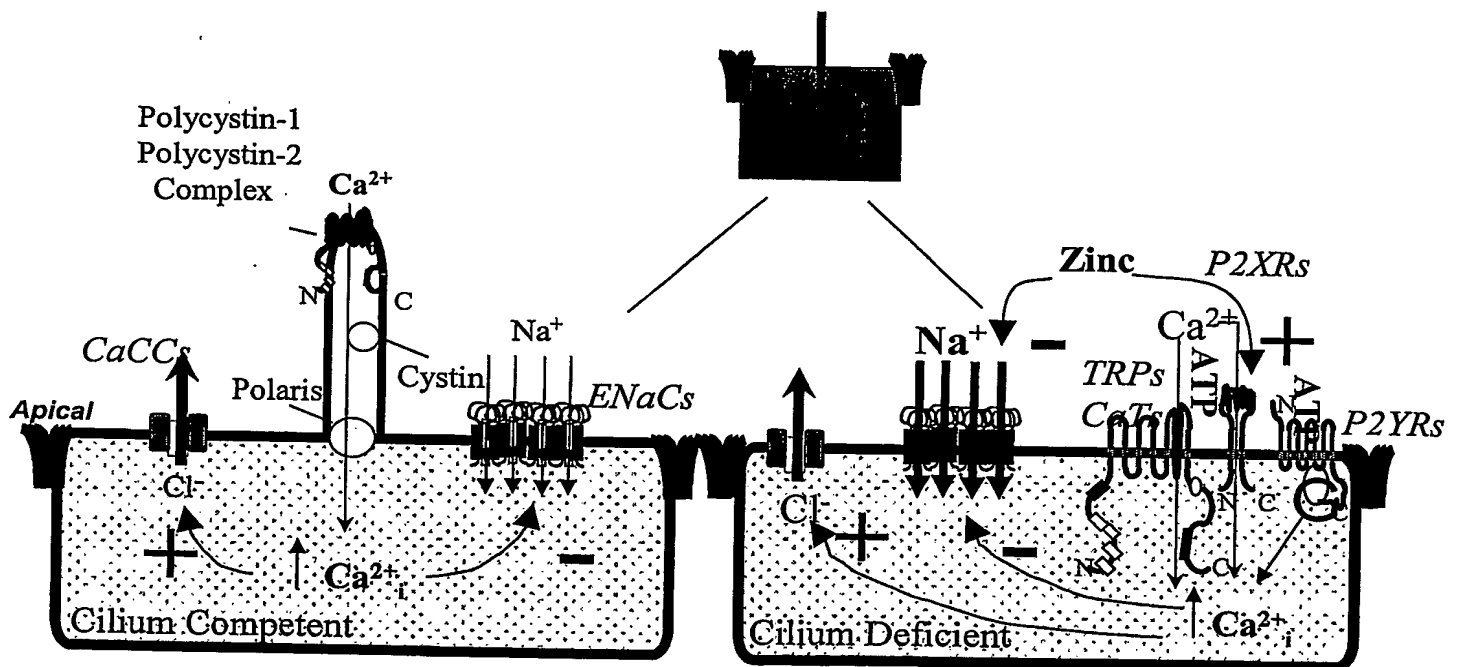
The two forms of PKD

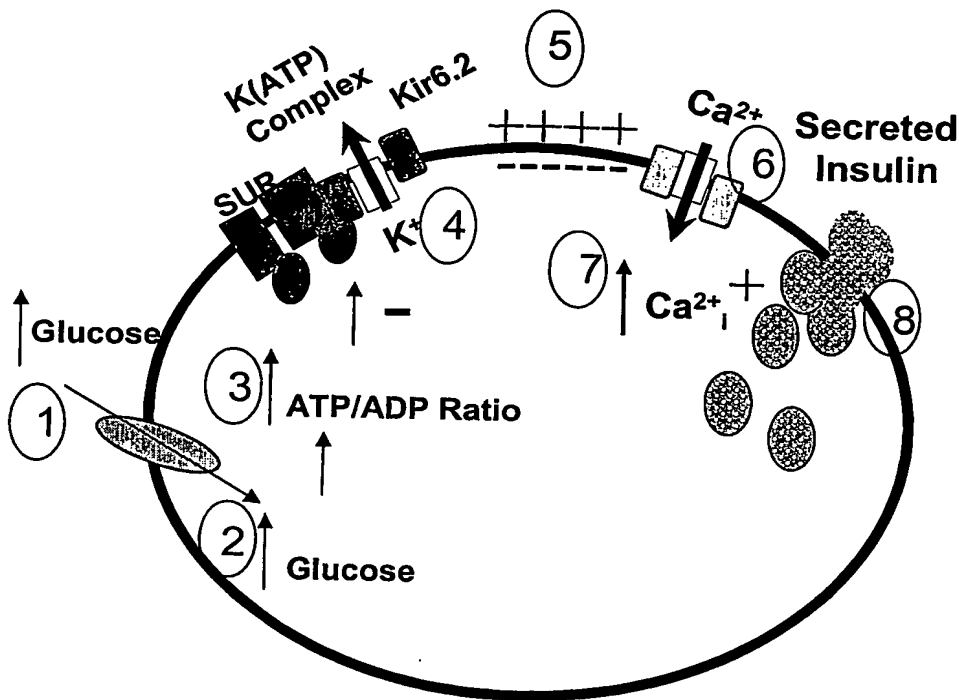
3A

Zinc benefits to PKD therapy and therapy of other renal hypertensive disorders

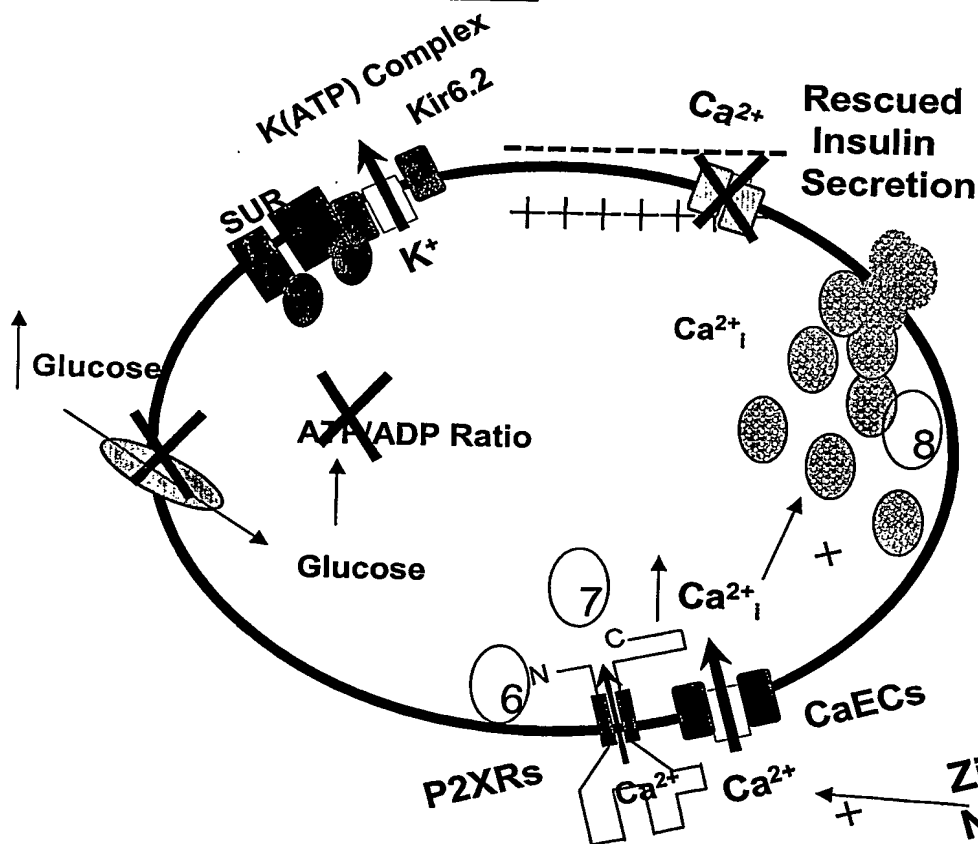
3B

- Direct inhibition of Na⁺ hyperabsorption
- Stimulation of P2XR Ca²⁺ entry channels "alternative" to cilium-derived Ca²⁺ entry

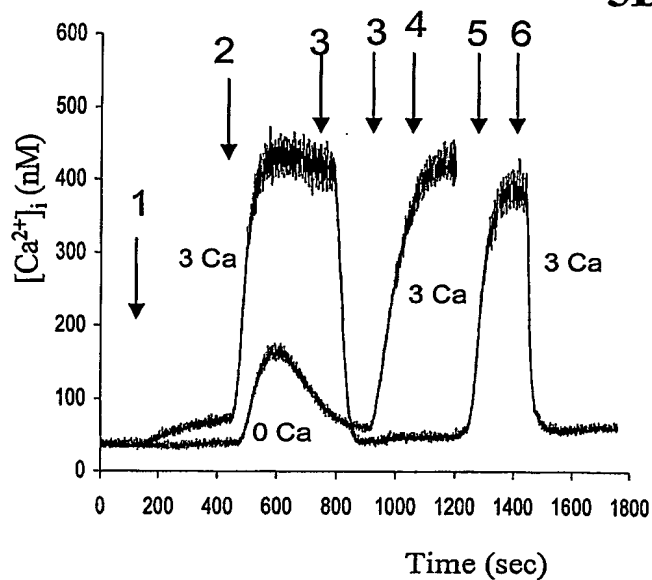
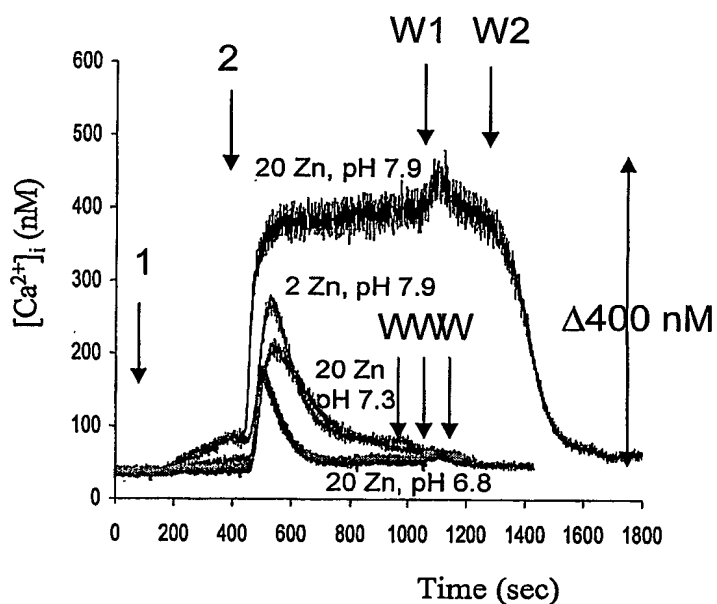
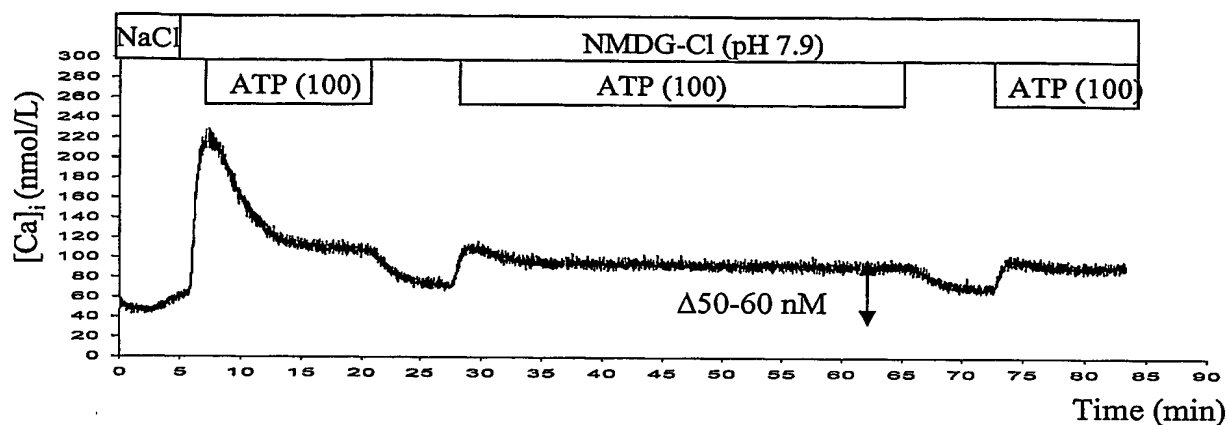
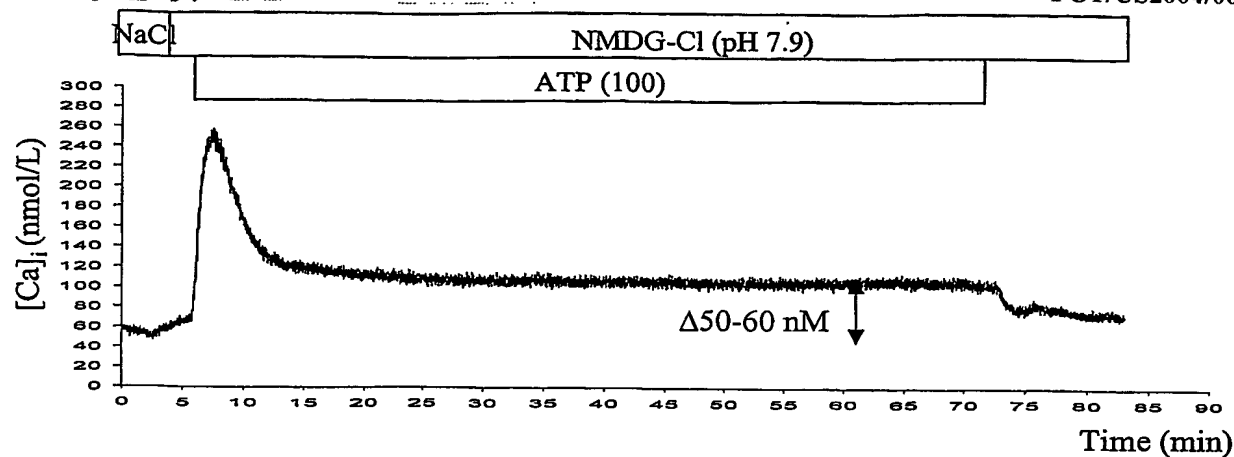


Normal Insulin Secretion in a Pancreatic Islet β Cell**4A**

(1) Plasma glucose rises after a meal > (2) glucose enters the cell via GLUT transporters > (3) this causes the cytosolic [ATP] to rise > (4) this inhibits the K(ATP) complex ion channel that is normally basally active to maintain a hyperpolarized membrane potential > (5) closure of this channel depolarizes the β cell membrane > (6) this causes voltage-dependent calcium channels to open > (7) cytosolic calcium rises > (8) the elevation in cell calcium triggers exocytosis of insulin granules.

"Controlled" Diabetic β Cell**4B**

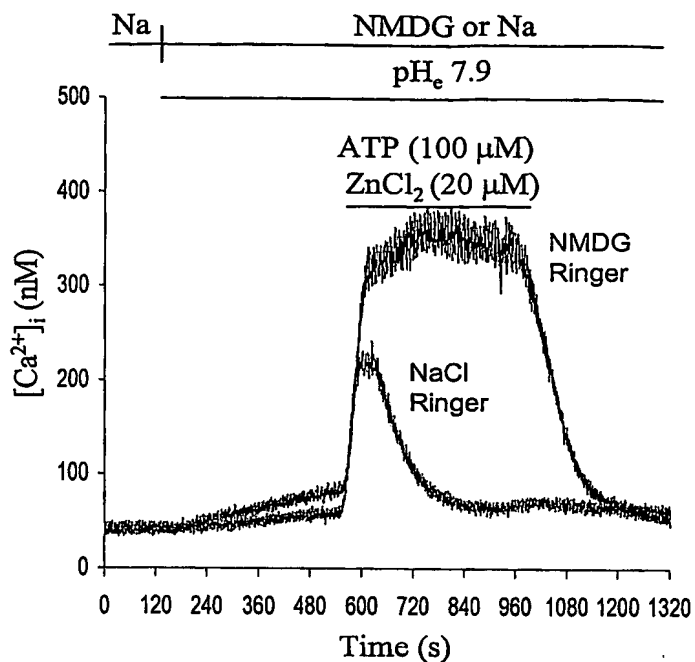
In the controlled diabetic scenario, by-passing the glucose- and voltage-dependent mechanism (Steps 1-5) by activating an "alternative" calcium entry pathway (CaEC), like the P2XR channels, could be an important therapeutic modality in type II diabetes and could re-stimulate insulin secretion. By this approach, we only require re-capitulation of Steps 6-8 for the diabetic β cell or any endocrine cell where there is failure to secrete ligand.



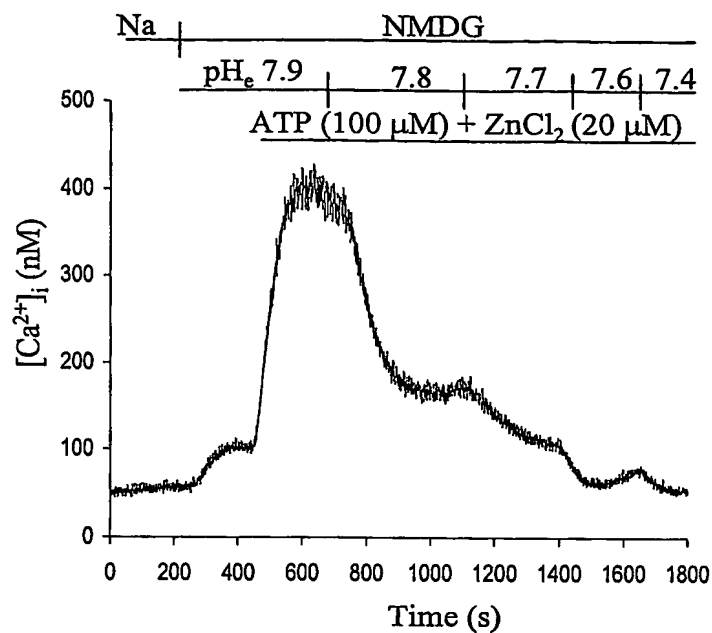
Black = 100 ATP, 20 Zn, pH 7.9
Red = 100 ATP, 2 Zn, pH 7.9
Blue = 100 ATP, 20 Zn, pH 7.3
Green = 100 ATP, 20 Zn, pH 6.8

Black = 20 Zn, pH 7.9 plus Extracellular Ca²⁺
Red = 20 Zn, pH 7.9, 0 Extracellular Ca²⁺,
then, add back 3 mM Ca²⁺

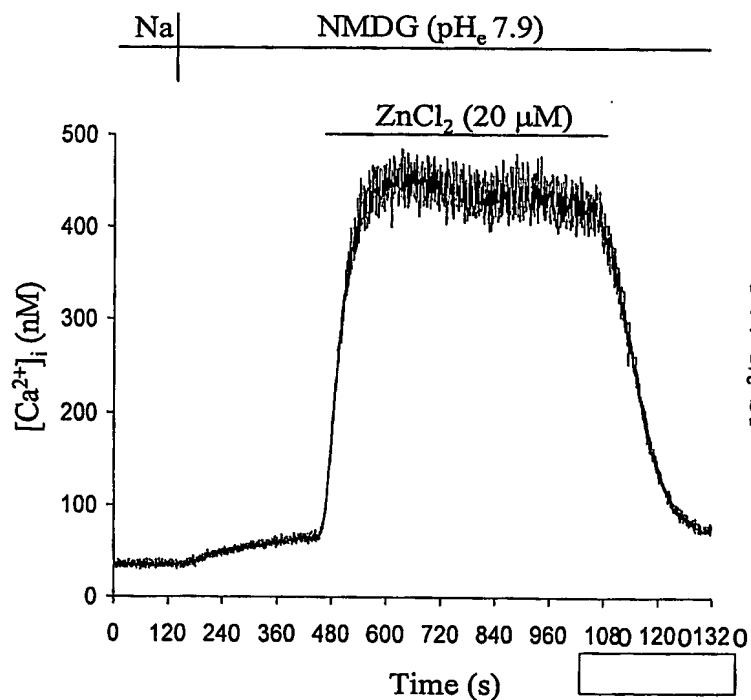
5C



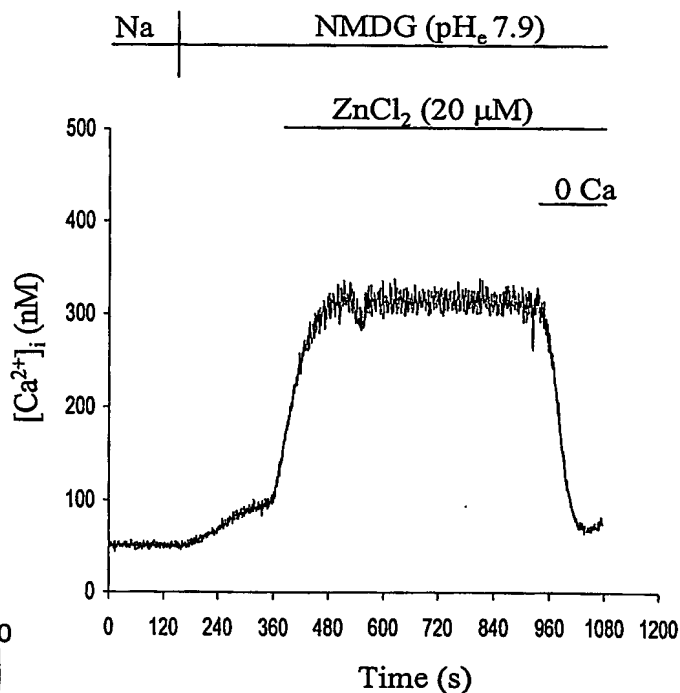
5D



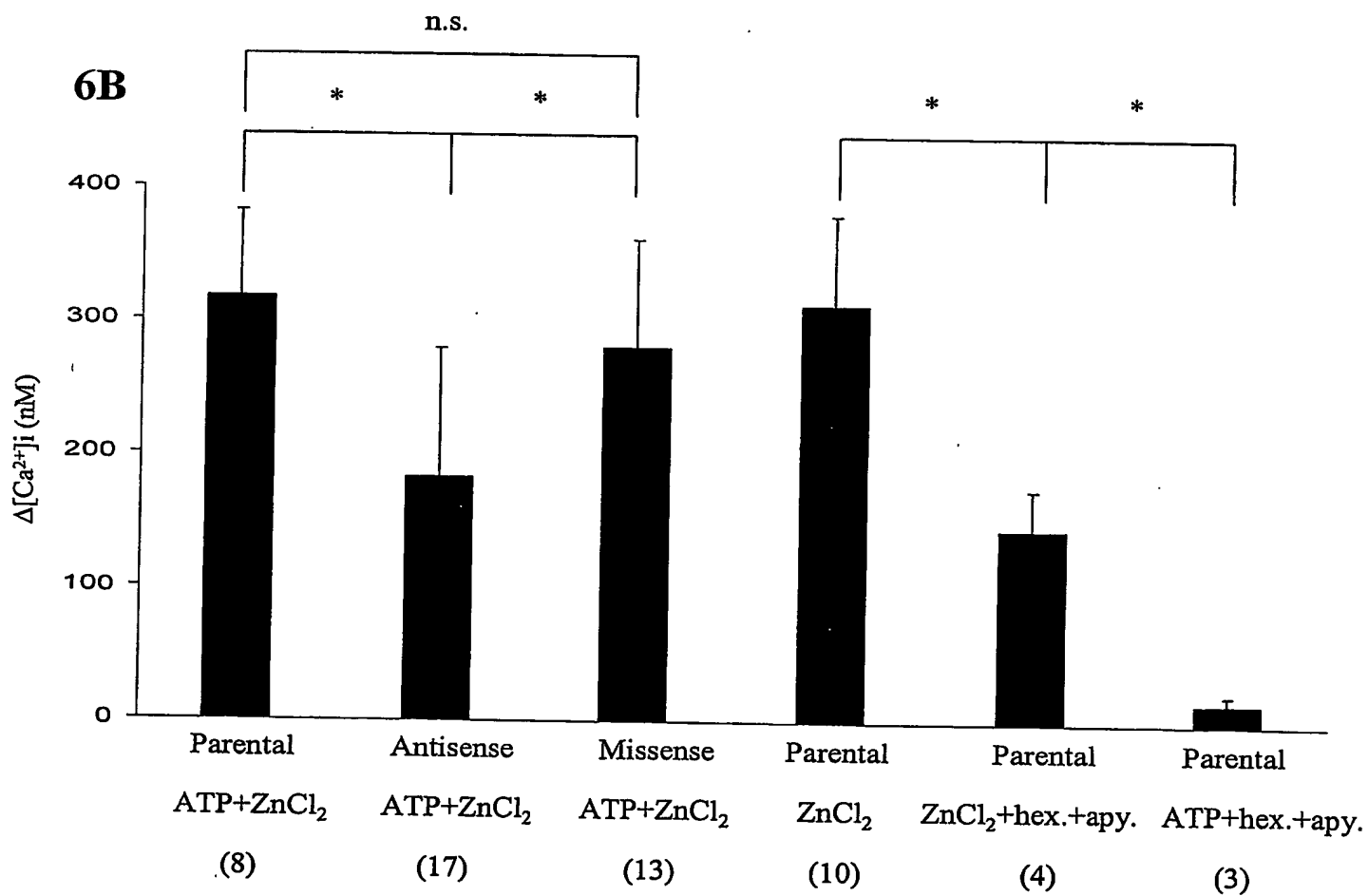
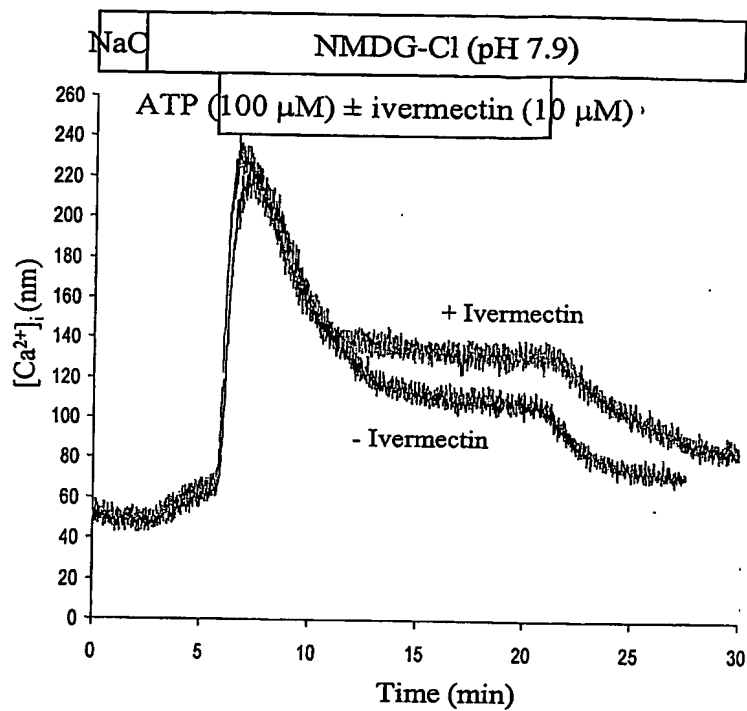
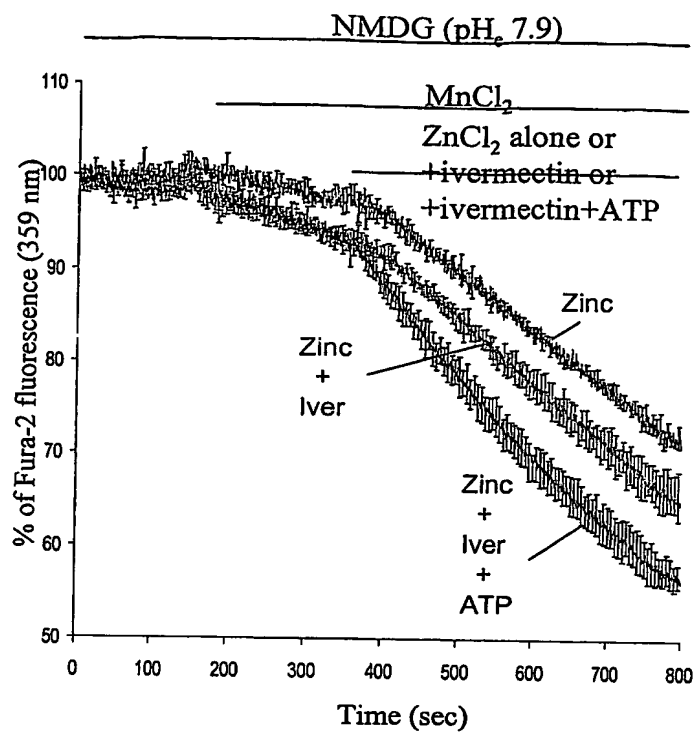
5E

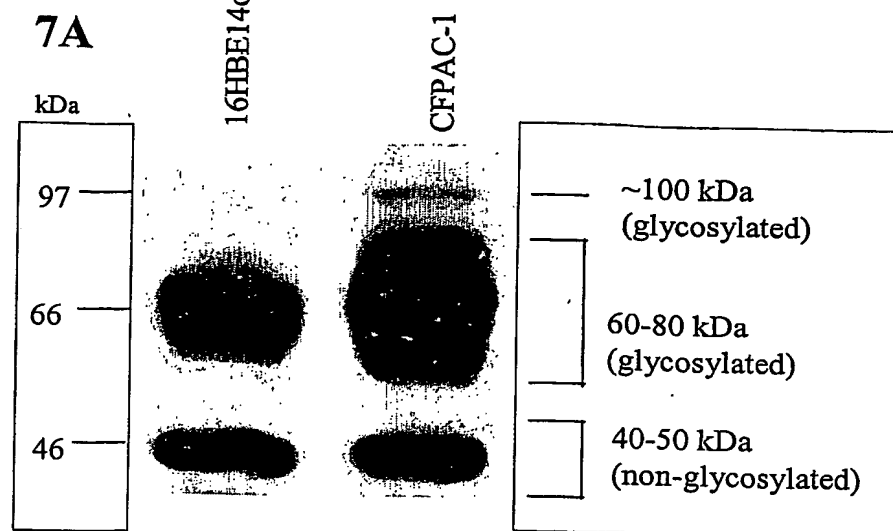


5F



6A



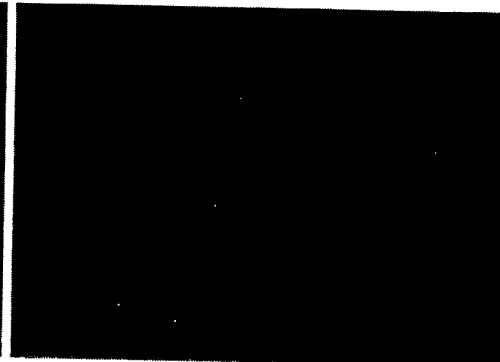


anti-P2X4

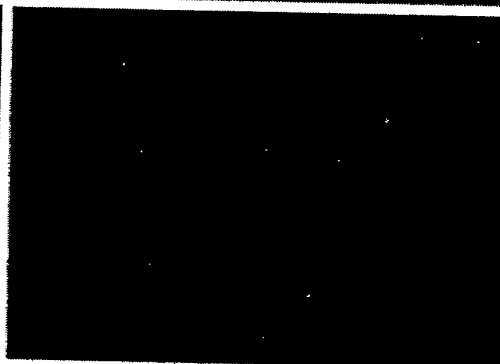
Rabbit IgG control

7B

Normal Human Bronchiolus



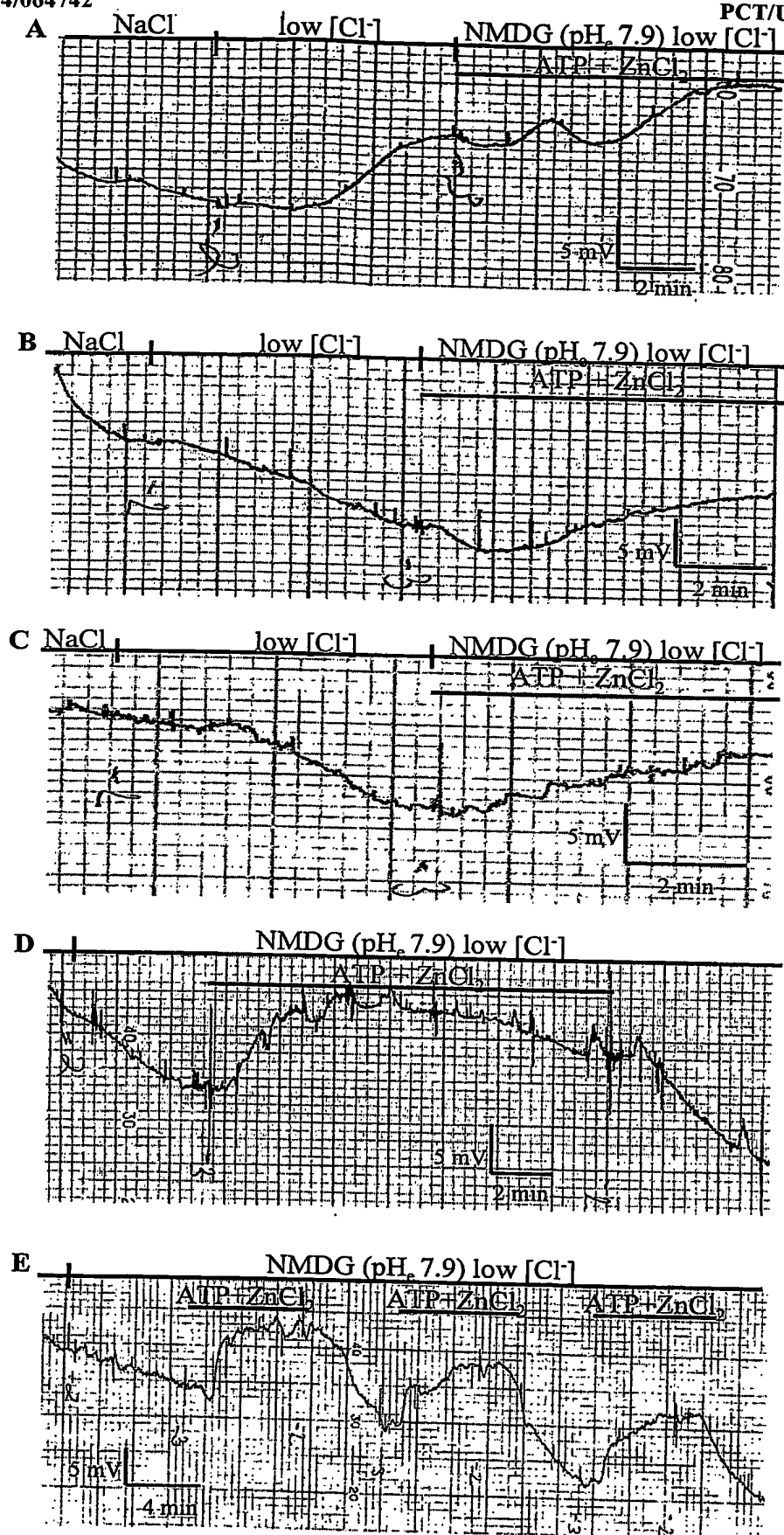
CF Human Bronchiolus



Normal Human Airway Surface Epithelium

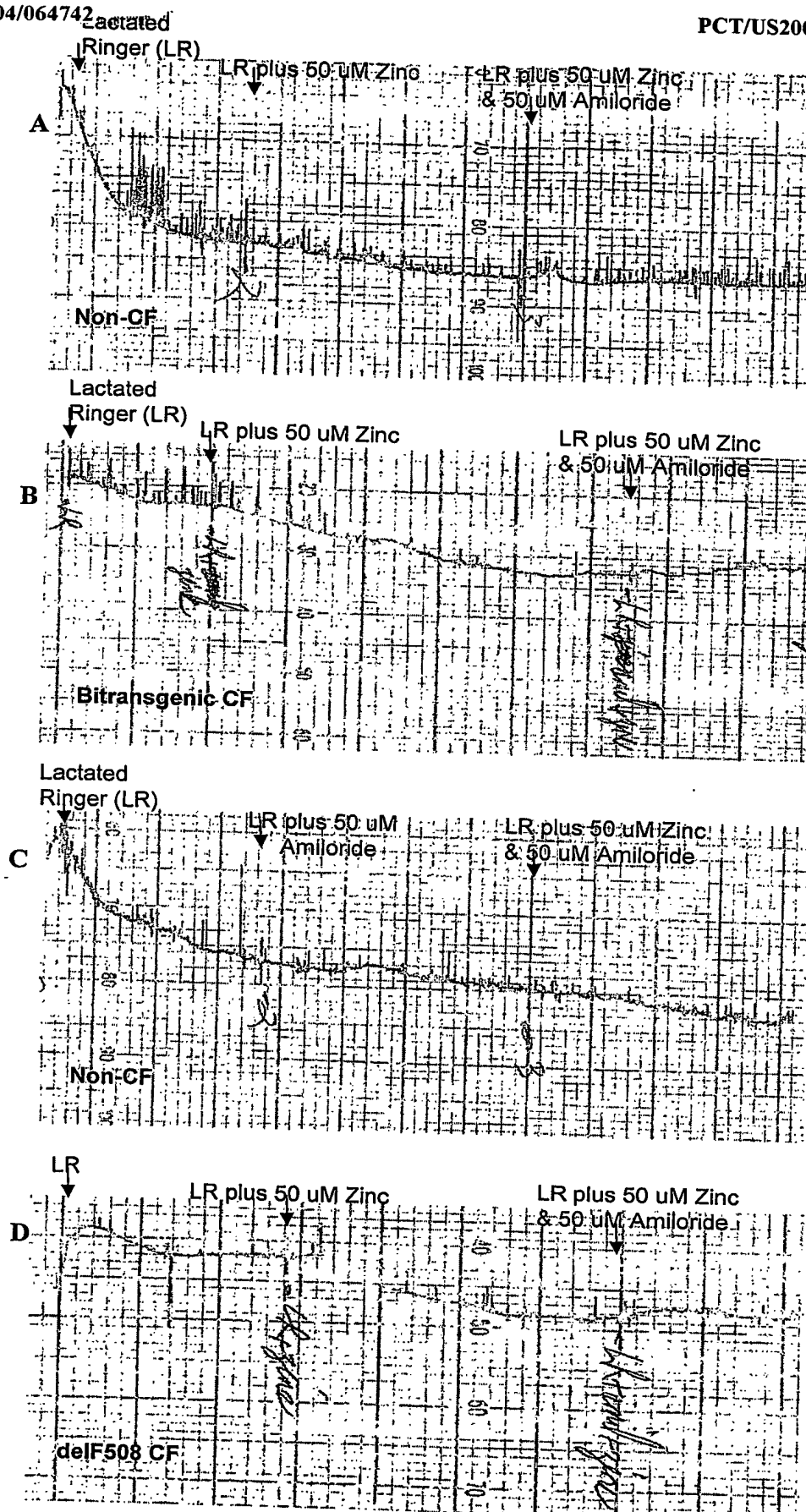


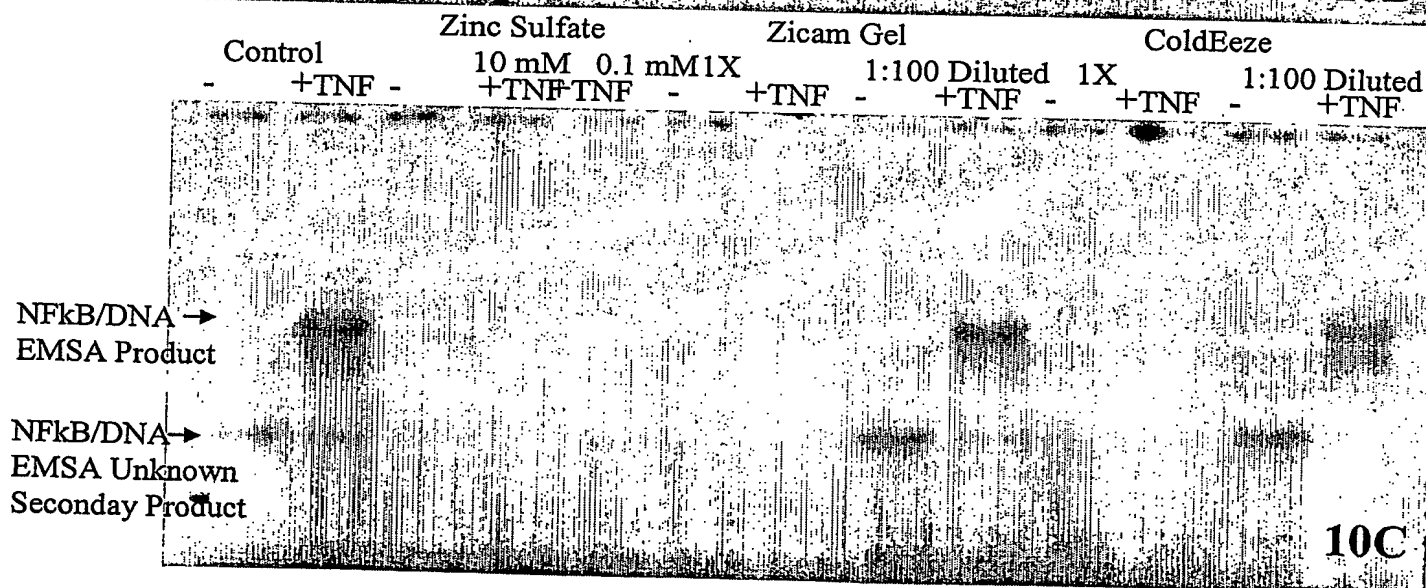
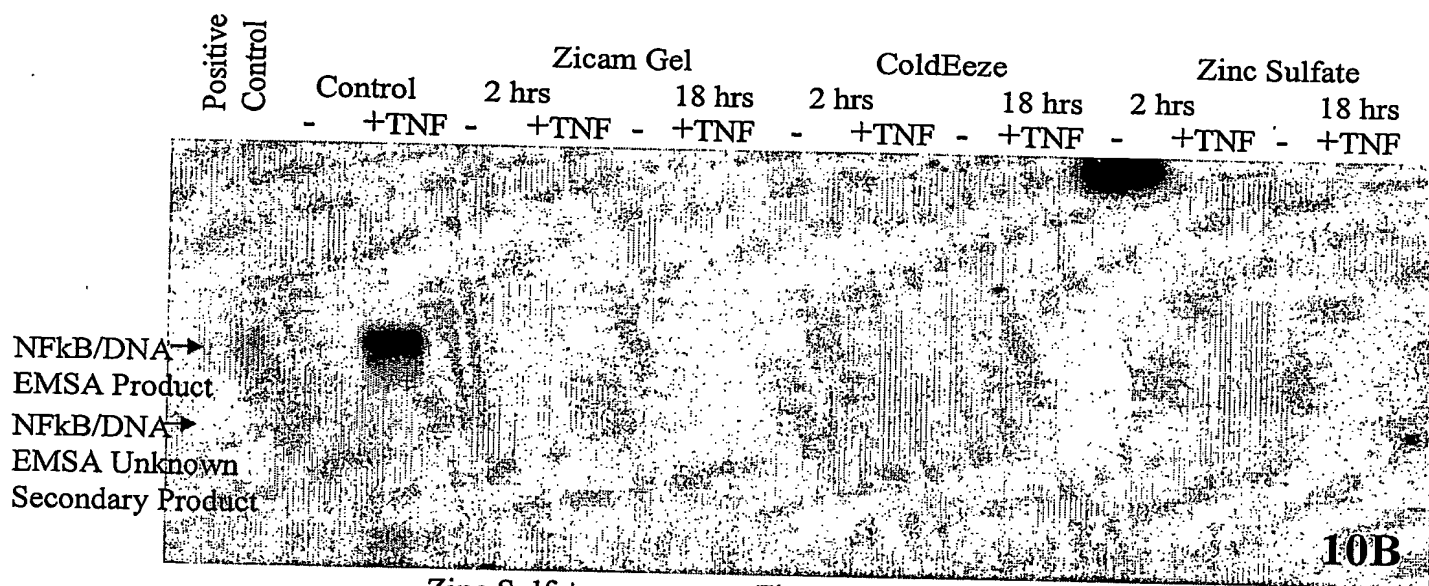
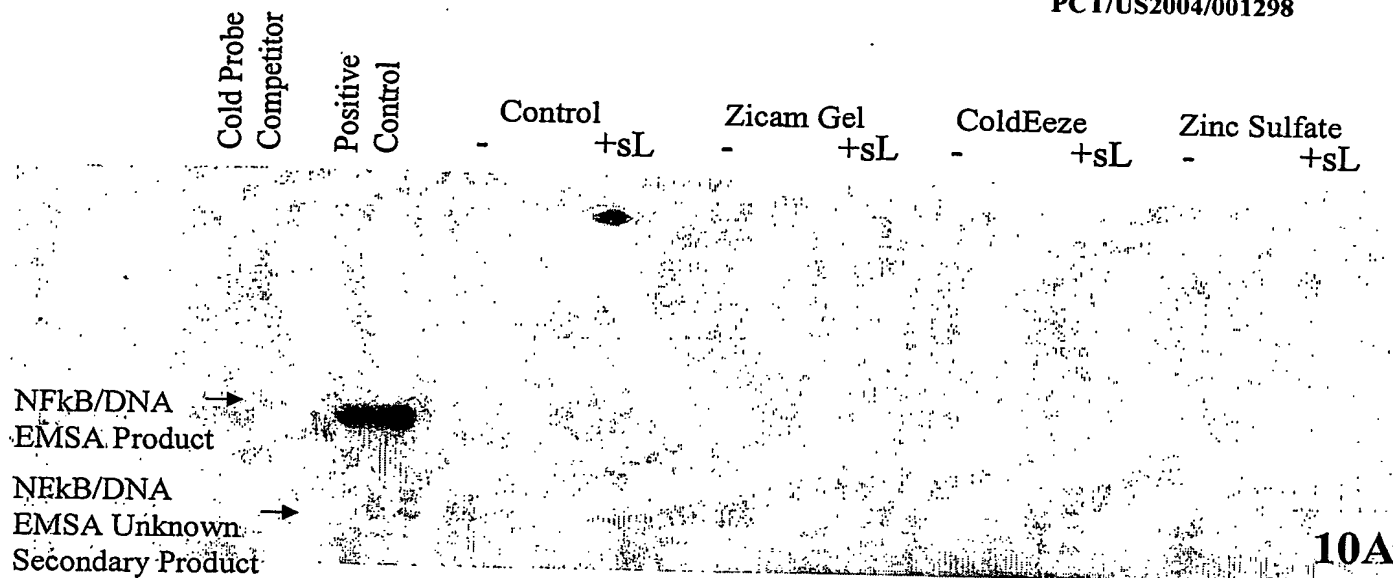
CF Human Airway Surface Epithelium



Transepithelial Nasal Potential Difference Values of Control, $\Delta 508$ CF and Bitransgenic CF Mice

	Control Cftr(+/-)	n	CF Cftr($\Delta F508/\Delta F508$)	n	Bitransgenic CF Cftr(-/-)	n
Starting point	-18.7 ± 6.5	19	$-26.3 \pm 7.2^*$	11	$-26.1 \pm 3.8^*$	14
Low $[Cl^-]_e$ (Na^+ ; pH:7.3)	-5.5 ± 1.5	8	$+3.7 \pm 1.6^*$	3	$+4.8 \pm 2.5^*$	7
ATP + $ZnCl_2$ (NMDG; pH:7.9)	-4.7 ± 1.8	6	-4.0 ± 2.0	3	-3.8 ± 2.0	12
Low $[Cl^-]_e$ (Na^+ ; pH:7.9)	-4.8 ± 2.0	6	$+5.4 \pm 2.8^*$	7	$+6.7 \pm 4.0^*$	3
ATP + $ZnCl_2$ (NMDG; pH:7.9)	-6.0 ± 1.4	2	$-9.4 \pm 1.6^{*#}$	8	$-9.7 \pm 3.1^{*g}$	3
Low $[Cl^-]_e$ (NMDG; pH:7.9)	-4.8 ± 3.3	5			$+5.8 \pm 1.9^*$	4
ATP + $ZnCl_2$ (NMDG; pH:7.9)	-5.7 ± 1.2	3			$-10.2 \pm 1.3^{*g}$	6
ATP alone (NMDG; pH:7.9)					-2.3 ± 1.0^s	4
Low $[Cl^-]_e$ (NMDG; no added Ca^{2+} ; pH:7.9)	-7.3 ± 0.6	3			$+6.0 \pm 0.8^*$	4
ATP + $ZnCl_2$ (NMDG; no added Ca^{2+} ; pH:7.9)	-1.3 ± 0.6^s	3			-2.0 ± 1.2^s	4

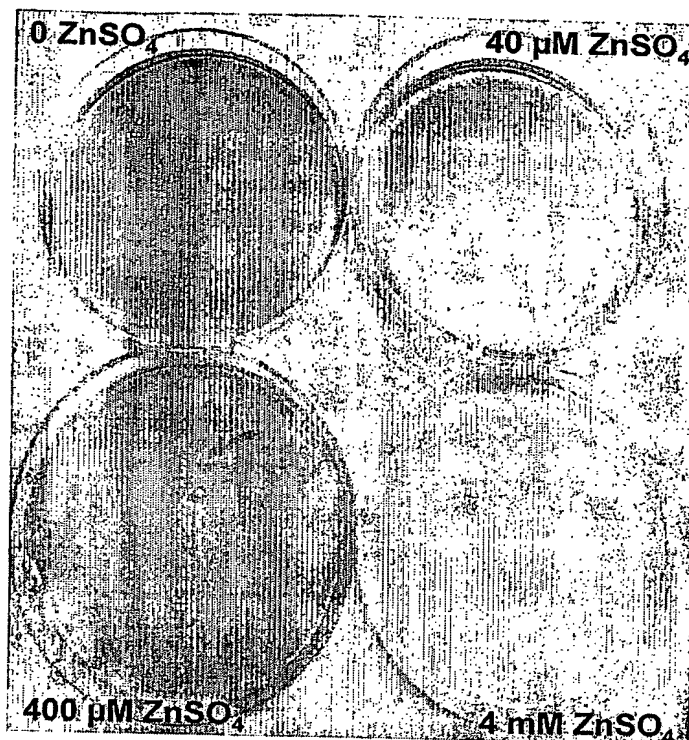
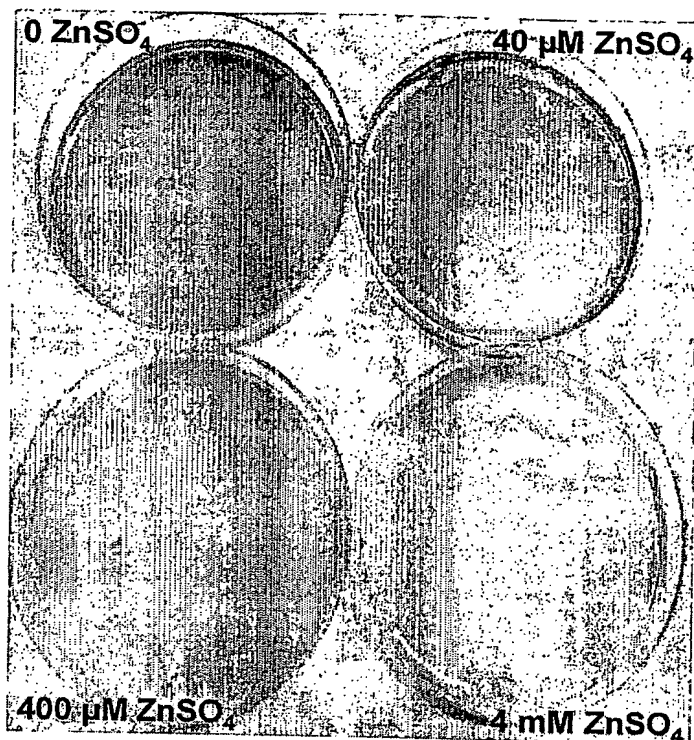




Non-mucoid *P.a.*

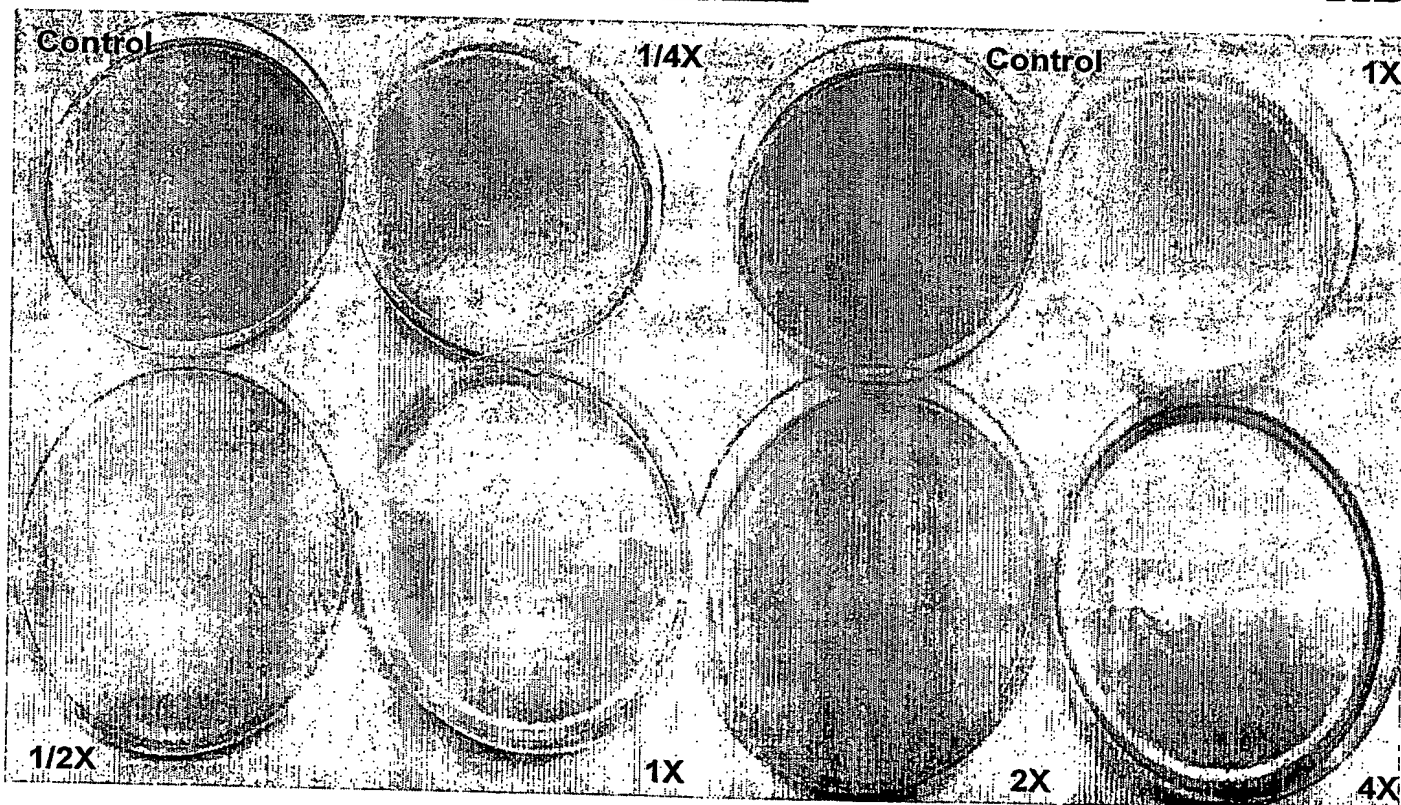
Mucoid *P.a.*

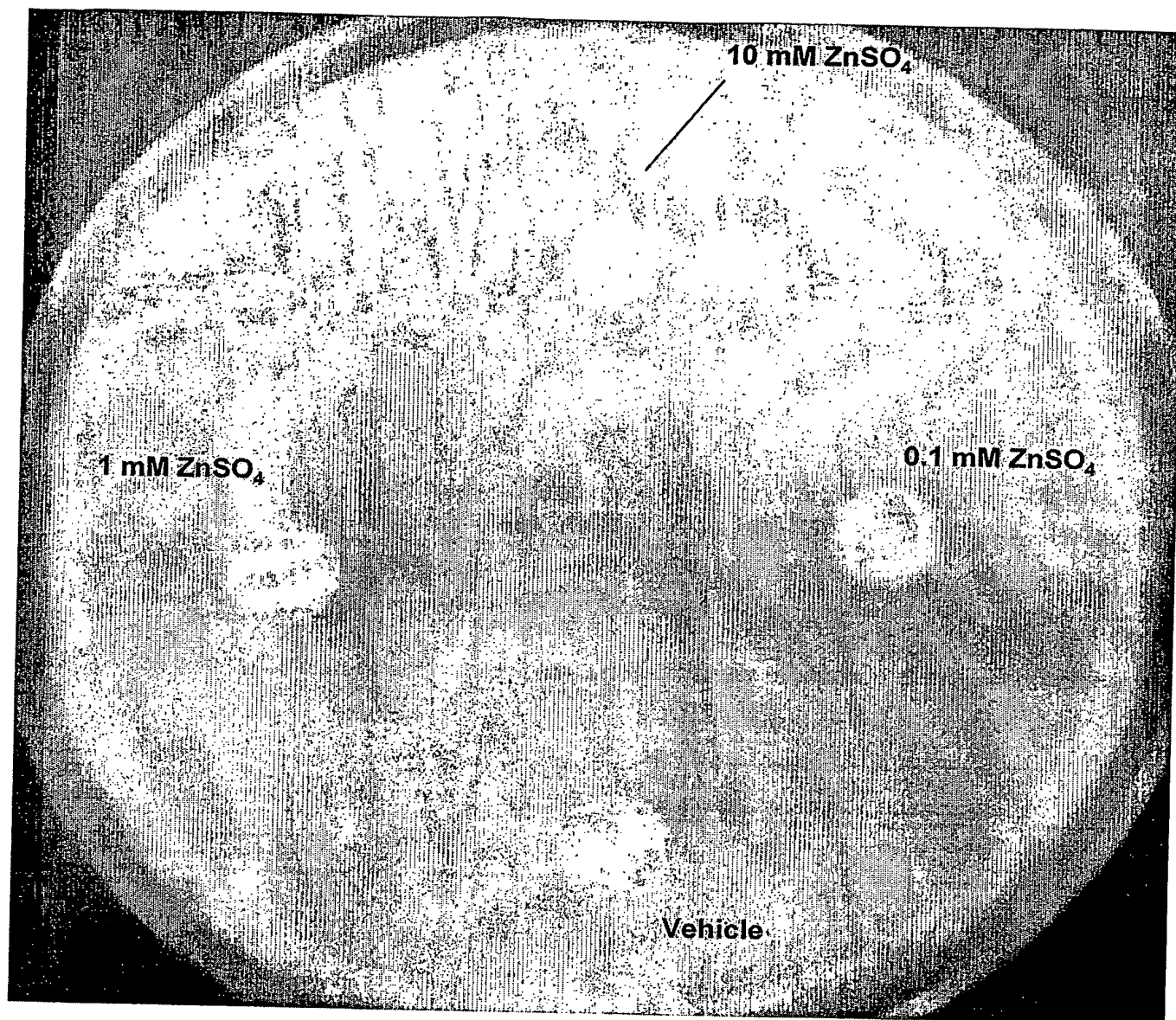
11A



Mucoid *P.a.*

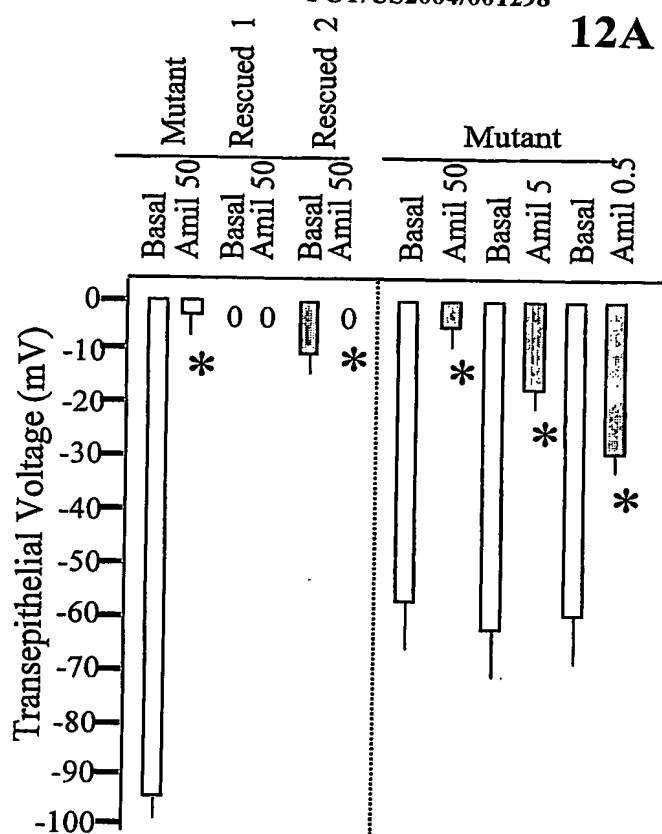
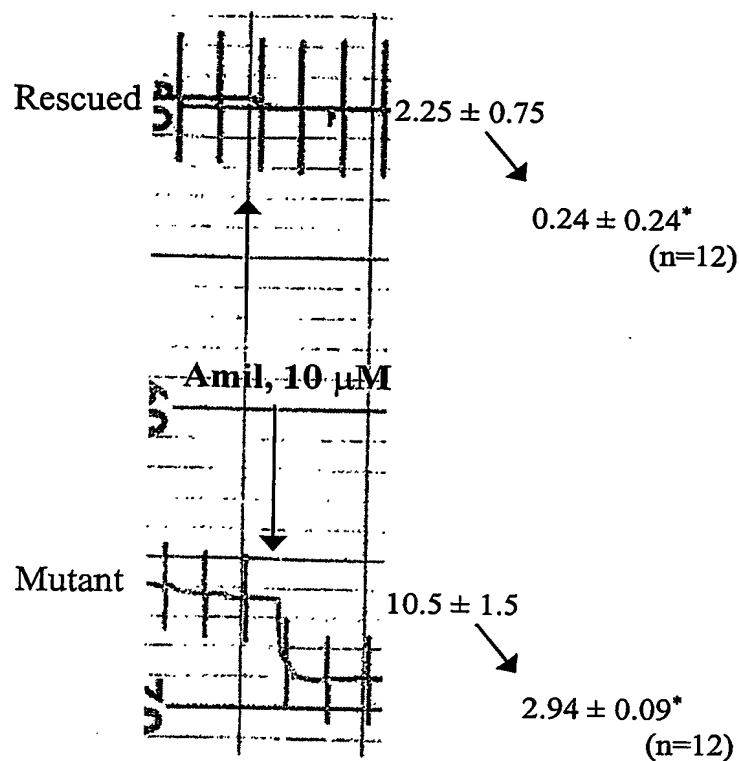
11B



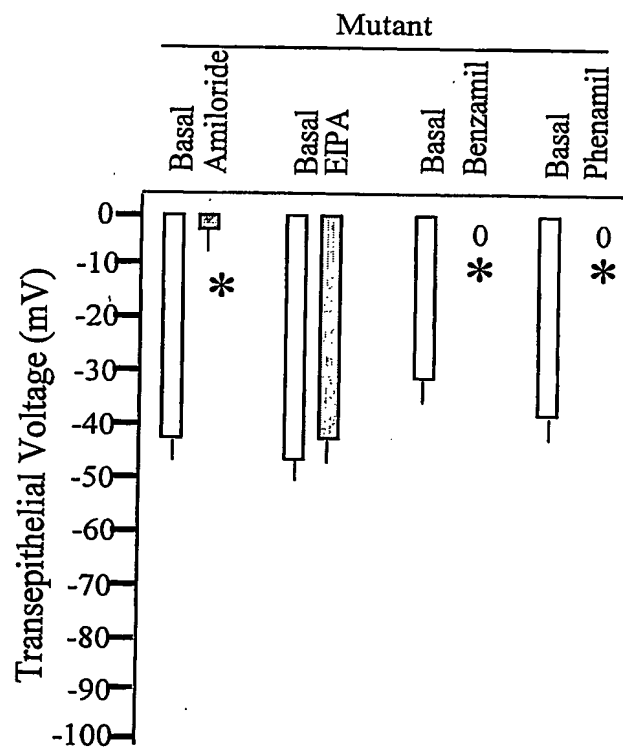
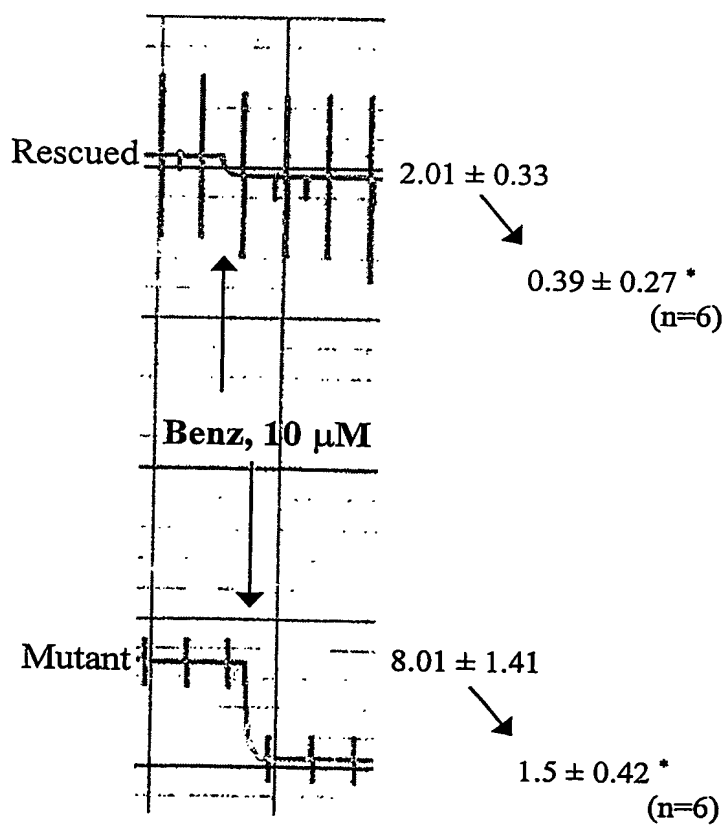


E. coli.

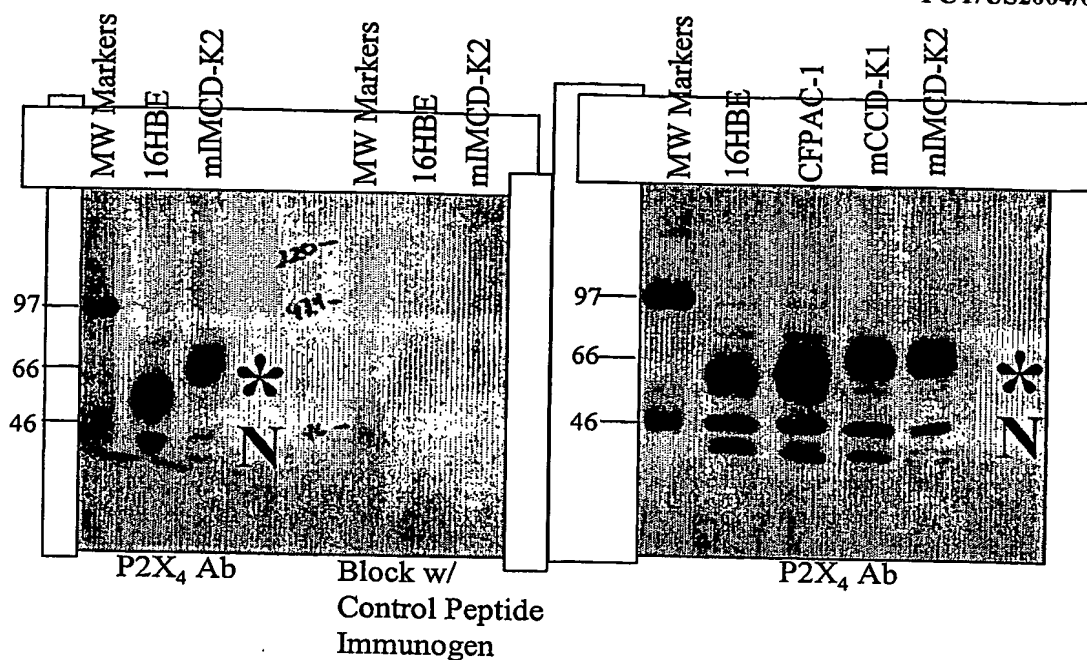
12A



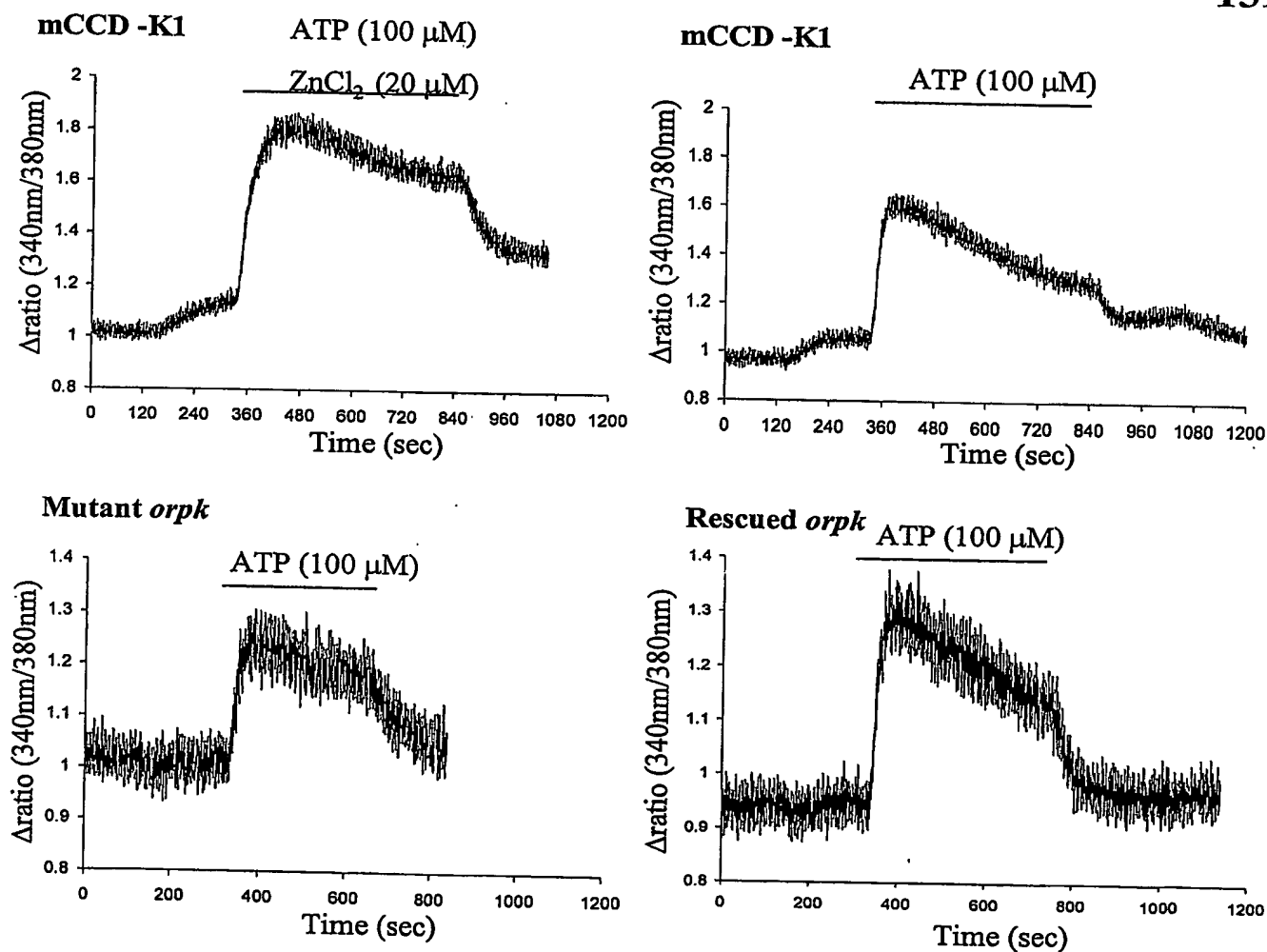
12B



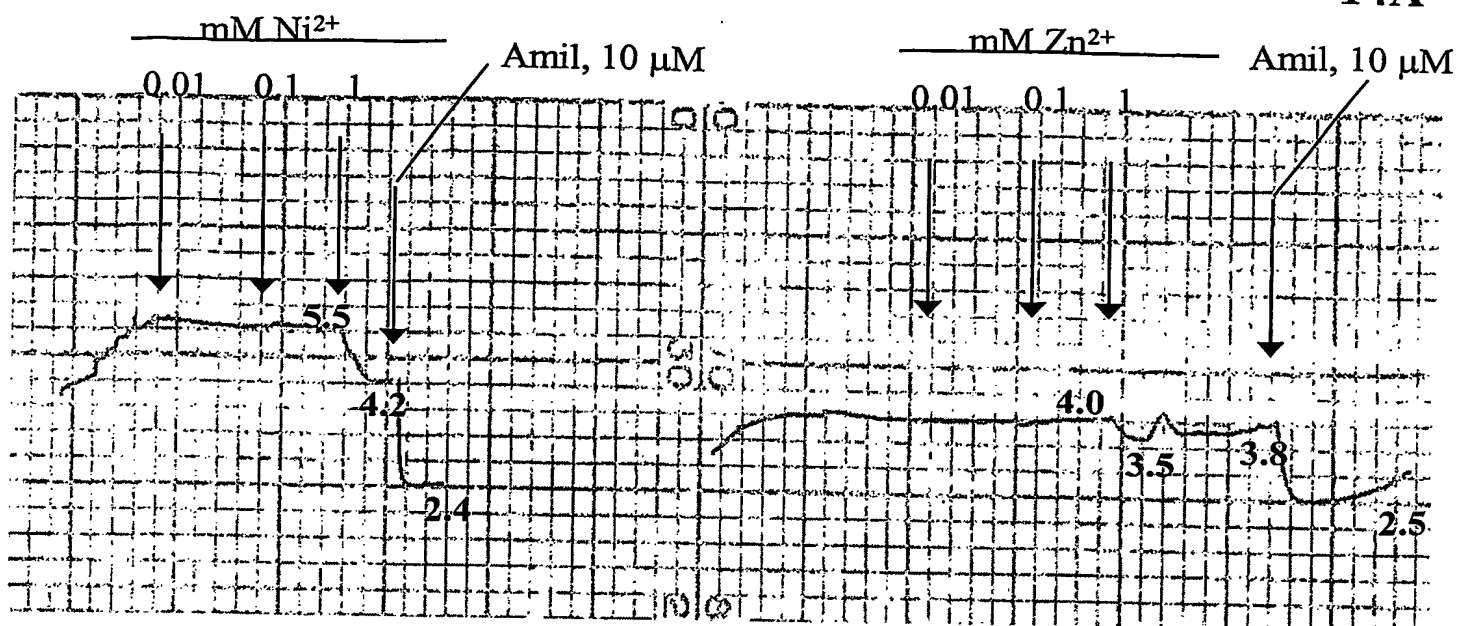
13A



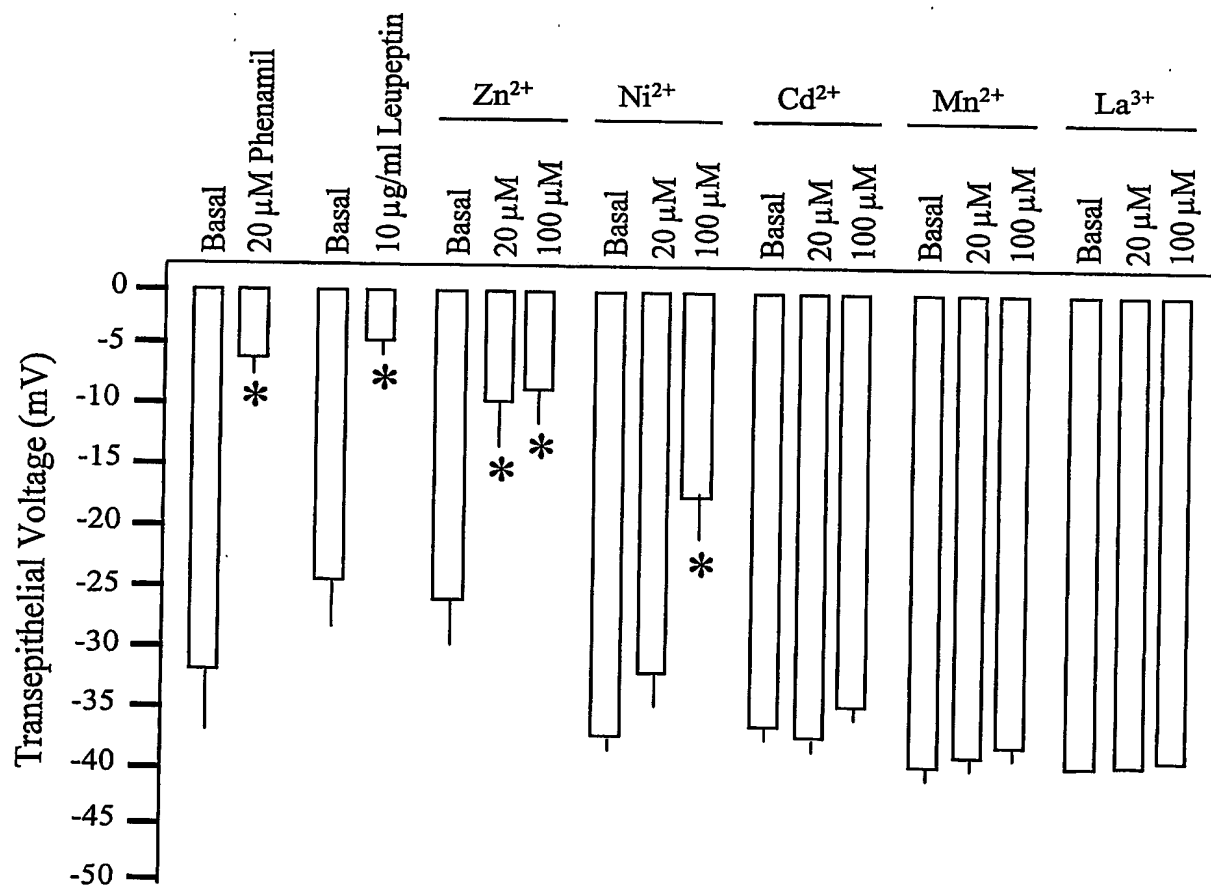
13B



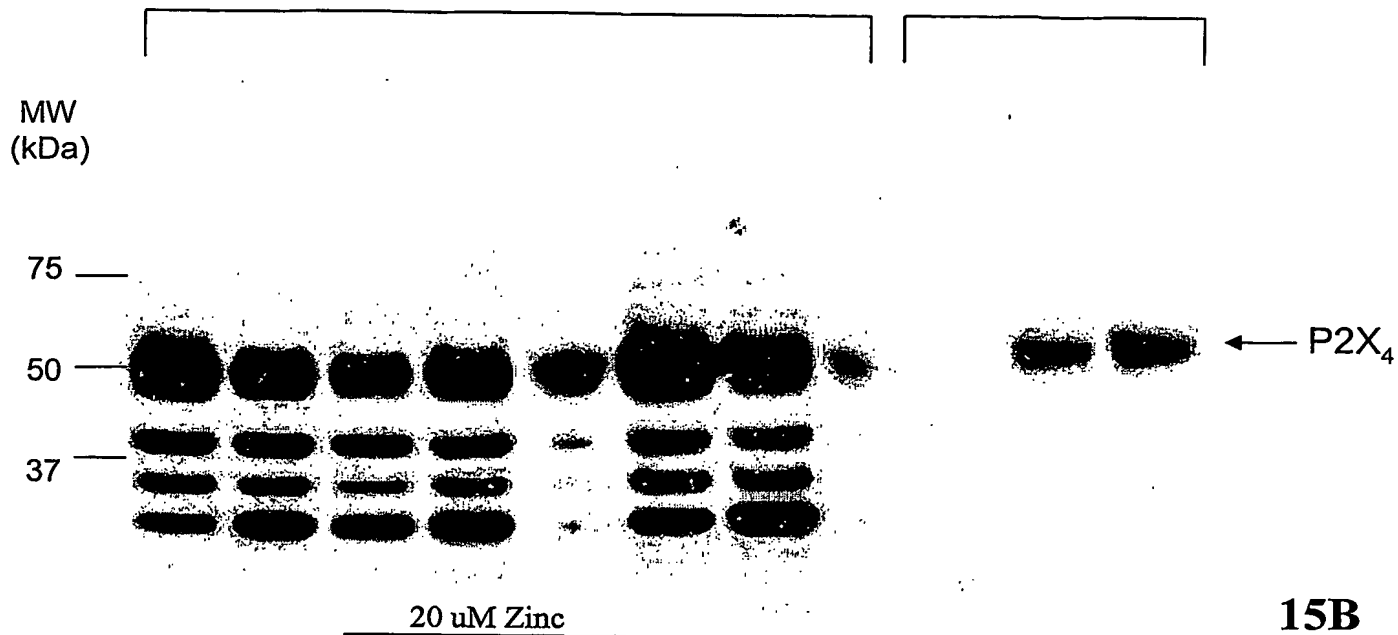
14A



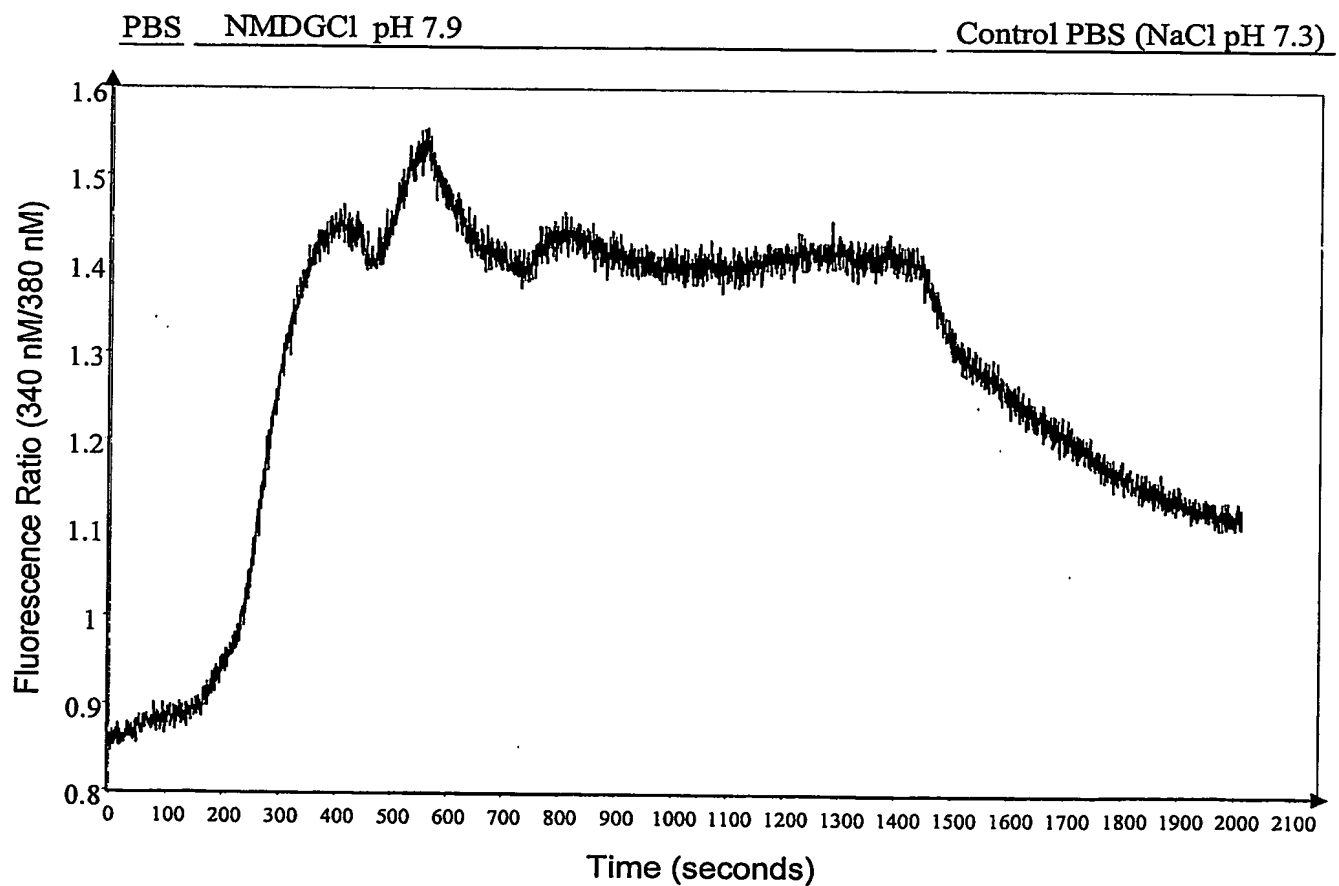
14B



15A

IB3-1 CF Airway Lysates
(Positive Controls)INS-1 Lysates
MW 1. 2

15B



Modified Saline** (pH 7.3)

<u>Time</u>	<u>Absorbance</u>	<u>[Insulin]</u>
15"	0.682 ± 0.03	~3.0 ng/ml
15'	0.765 ± 0.04	3.25
30'	0.794 ± 0.06	3.5
60'	1.794 ± 0.09	9.0
120'	1.137 ± 0.05	5.0

Modified Saline (pH 7.3) + 15 mM Glucose

<u>Time</u>	<u>Absorbance</u>	<u>[Insulin]</u>
15"	1.070 ± 0.05	~5.0 ng/ml
15'	0.957 ± 0.07	4.5
30'	1.204 ± 0.10	5.5
60'	2.065 ± 0.05	11.0
120'	1.105 ± 0.18	5.0

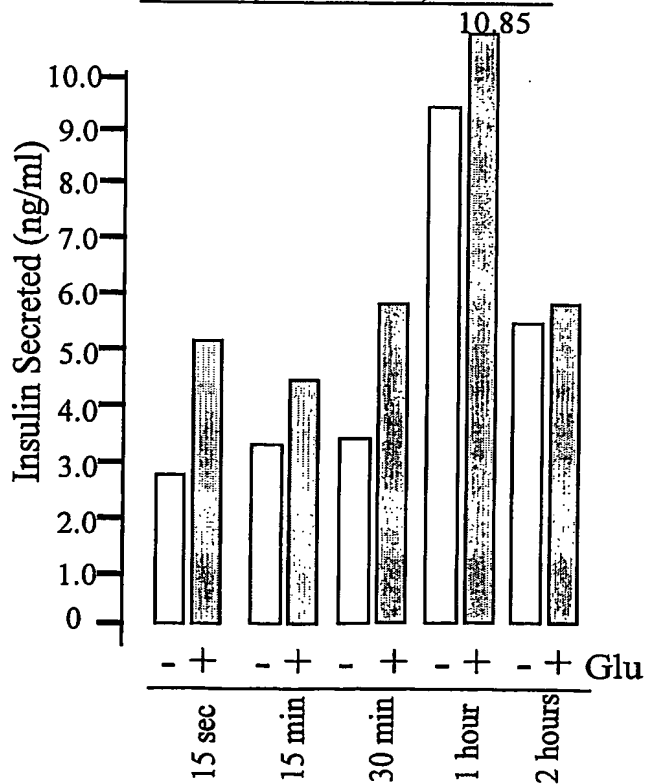
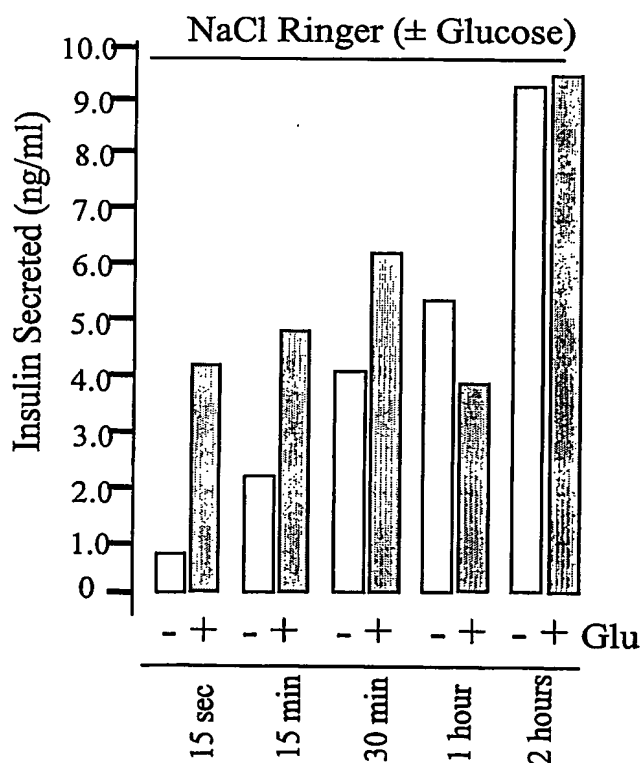
*Generous gift of Dr. Chris Newgard at Duke.

**Modified saline is 0 Na (substituted fully by NMDG), 0 Mg, and 3 mM Ca.

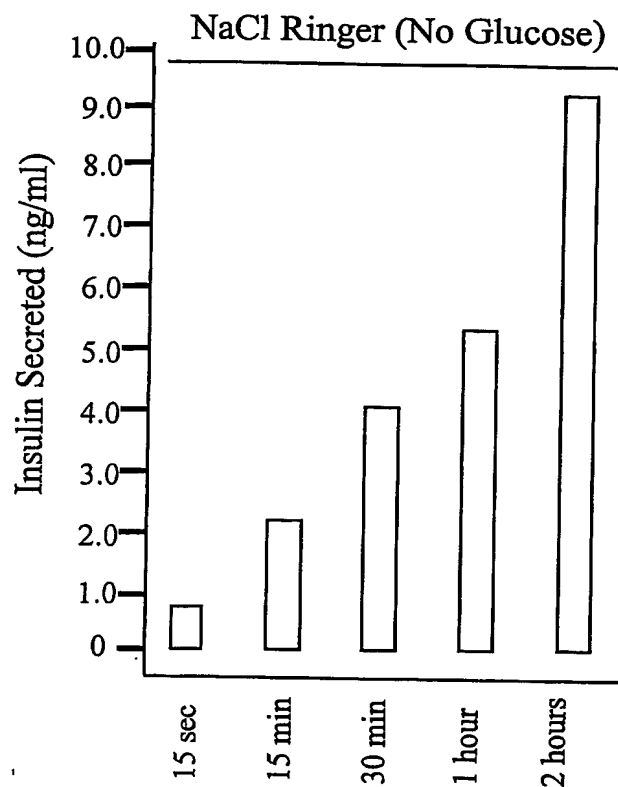
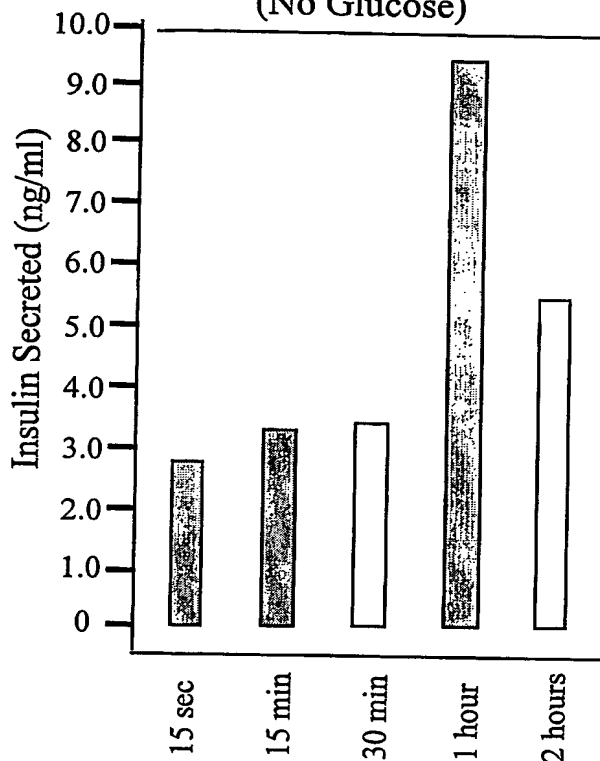
Standard Curve

<u>Absorbance</u>	<u>[Insulin]</u>
0.248	0.0
0.226	0.2 ng/ml
0.280	0.5 ng/ml
0.377	1.0 ng/ml
0.559	2.0 ng/ml
1.10	5.0 ng/ml
1.91	10.0 ng/ml
~3.0	~20 ng/ml

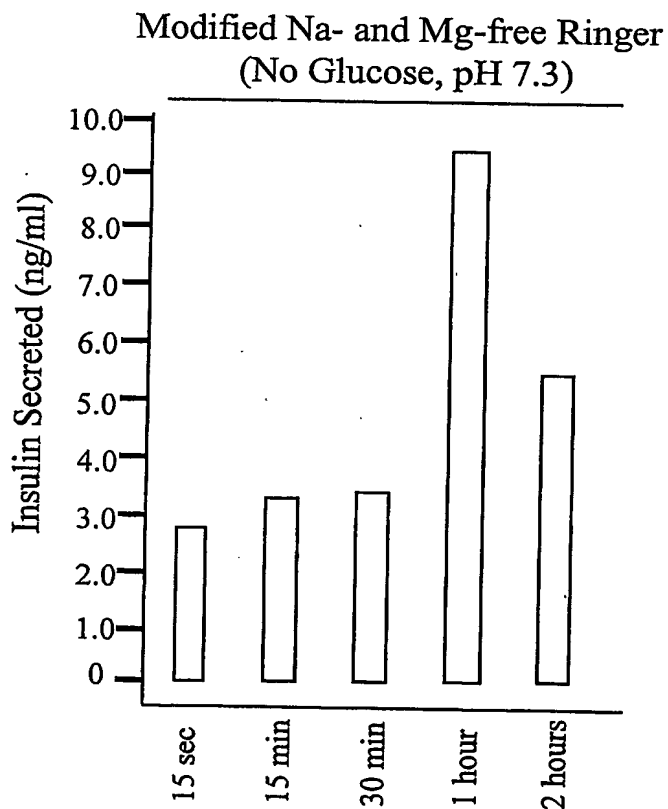
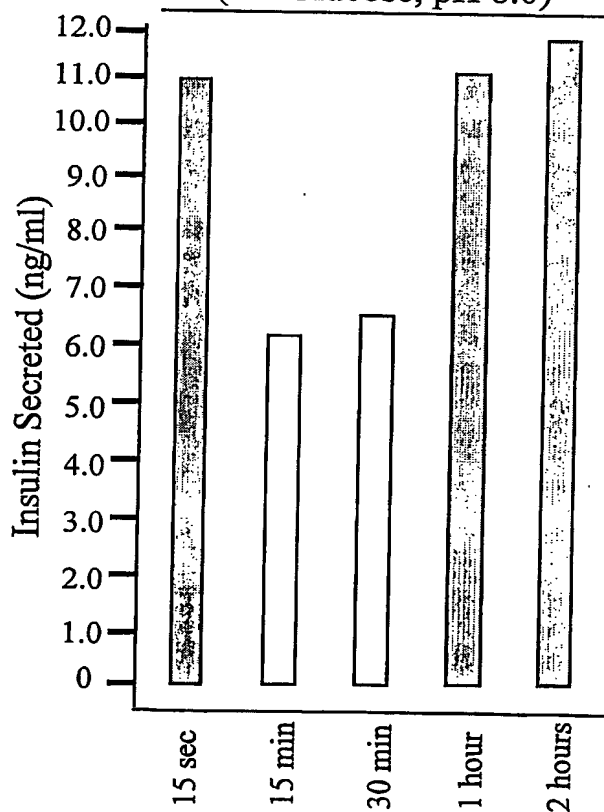
16B

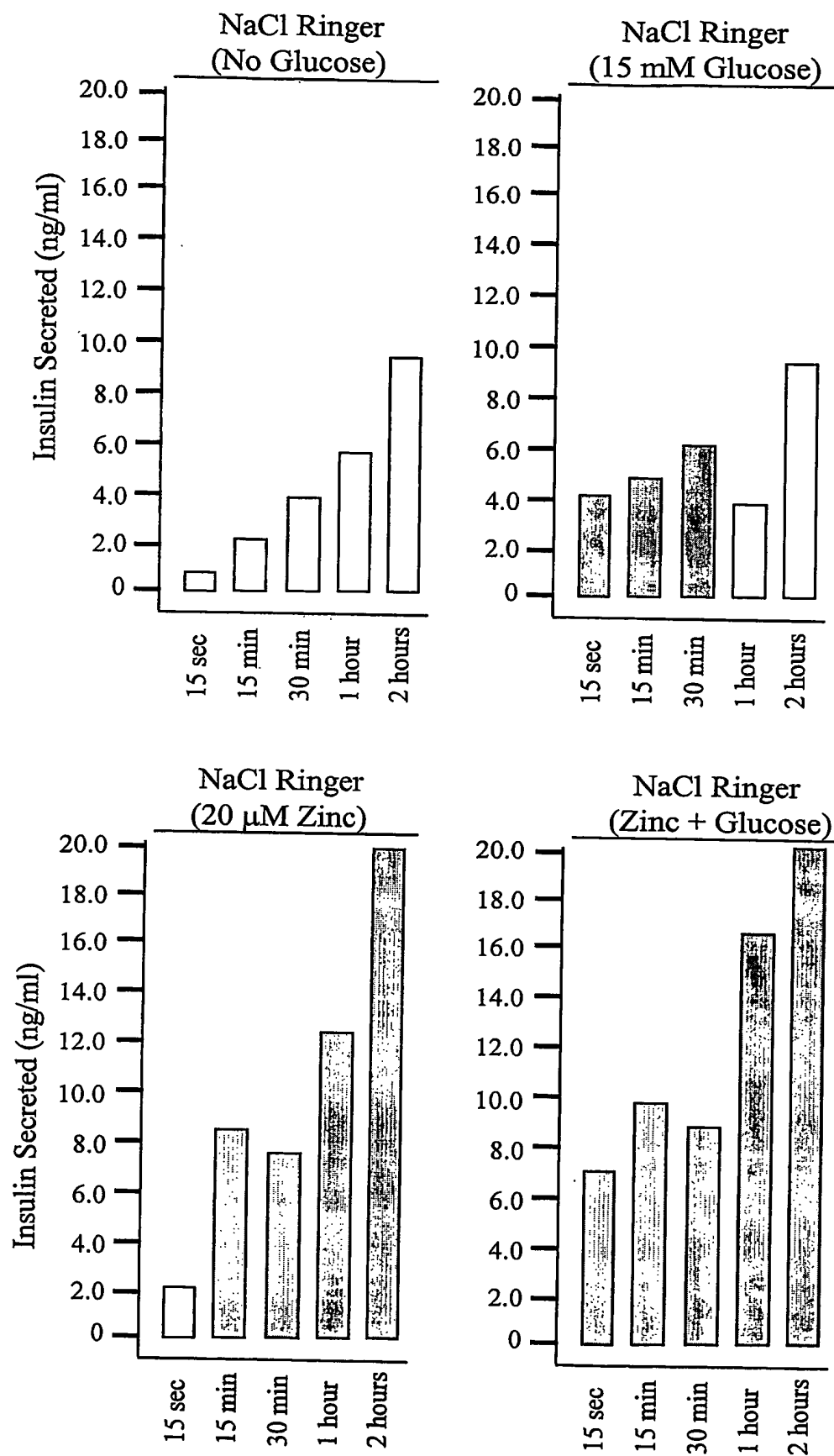
Modified Na- and Mg-free Ringer
(± Glucose)

17A

Modified Na- and Mg-free Ringer
(No Glucose)

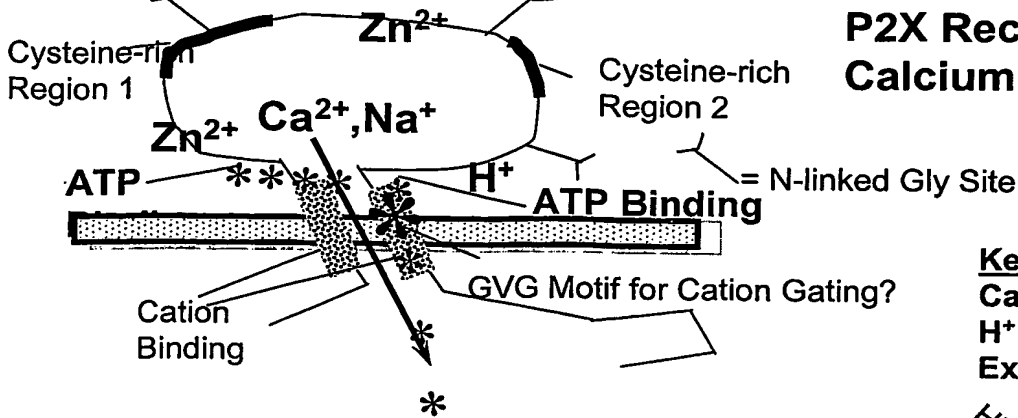
17B

Modified Na- and Mg-free Ringer
(No Glucose, pH 8.0)



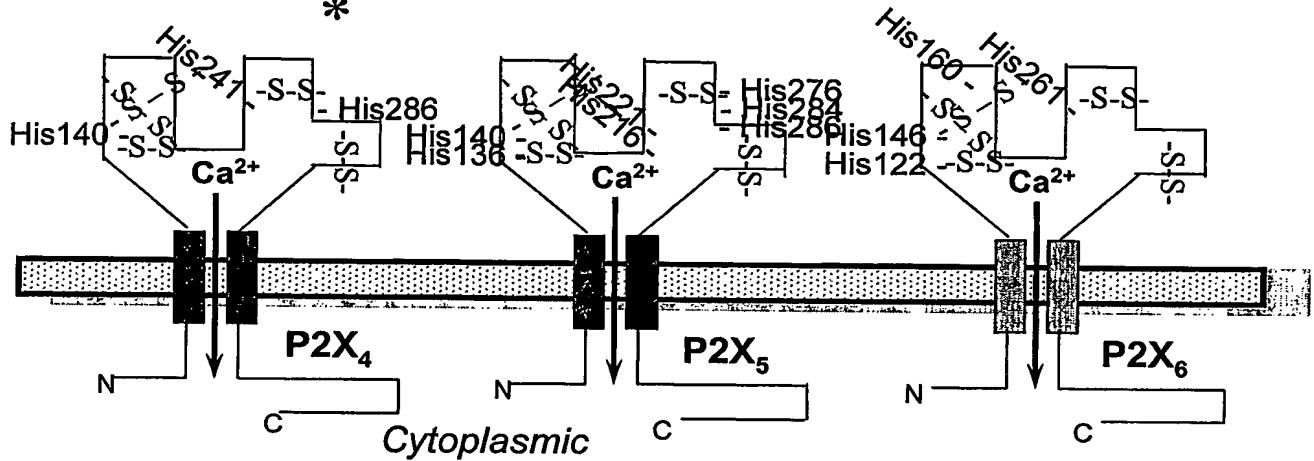
P2X Receptor Calcium Entry Channels

19A



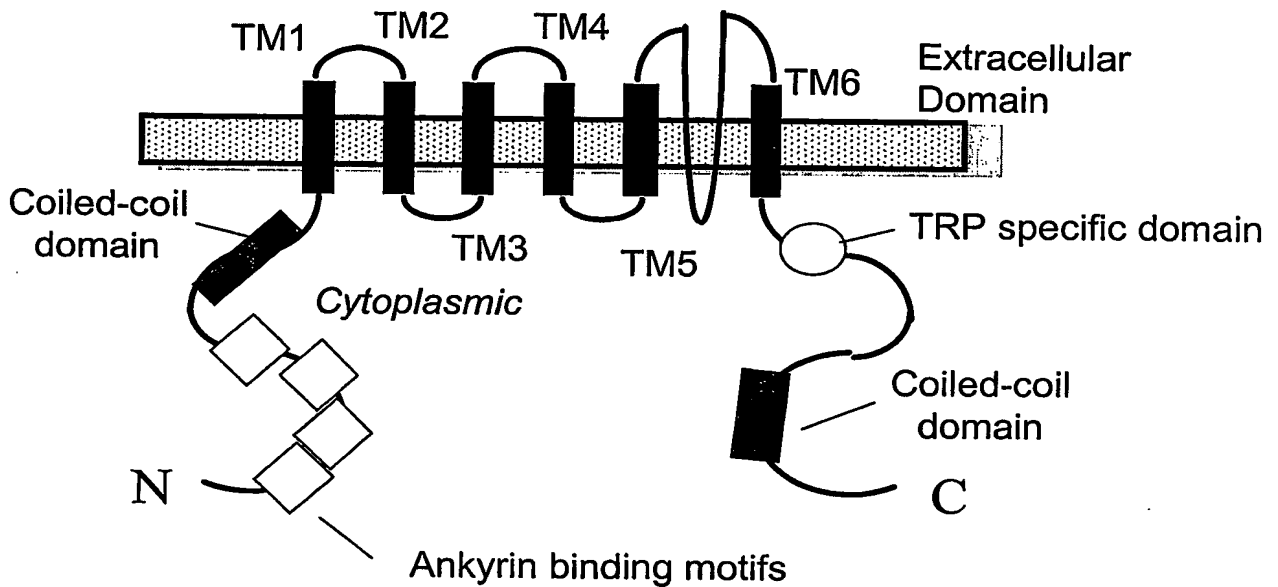
Key Point:

Ca^{2+} , Na^{+} , ATP , Zn^{2+} , and H^{+} React with the P2XR Extracellular Domain

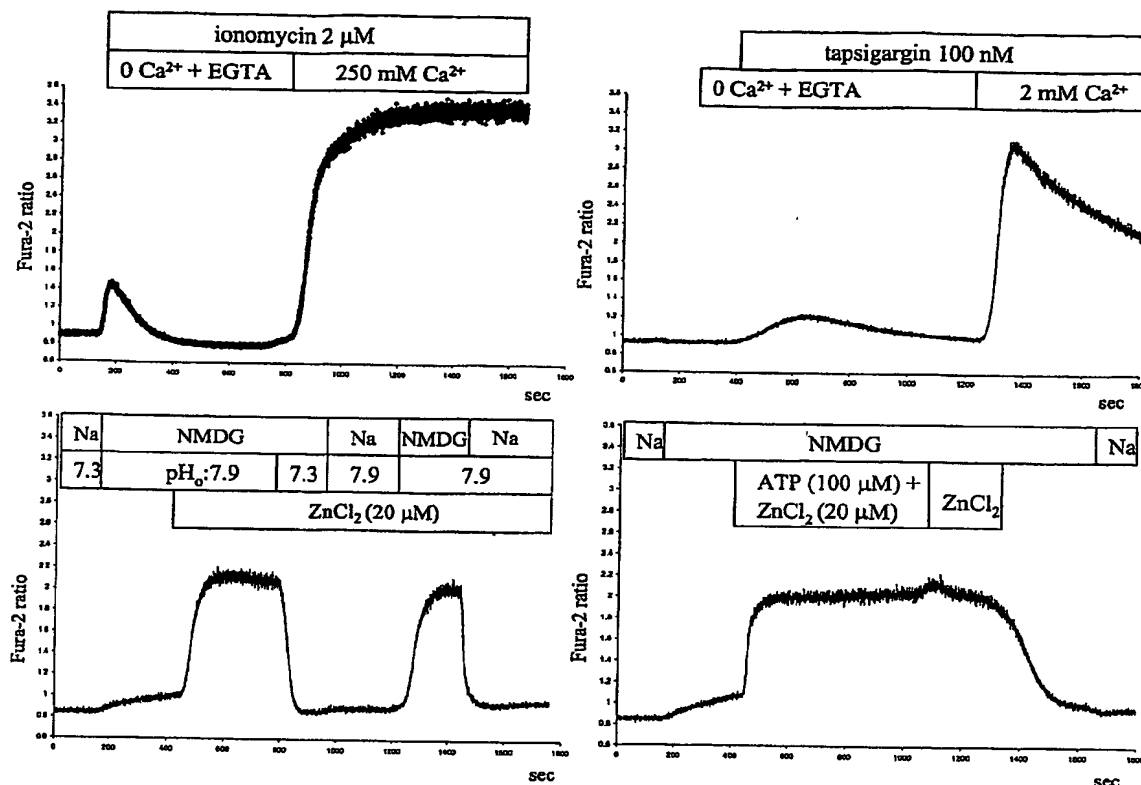


TRPC Calcium Entry Channels

19B



19C



19D

DesignationMode of StimulationEpithelial Polarity

Store-operated Ca²⁺
channels (SOCs) or I_{CRAC}

ER store depletion

Unclear

TRP channels

ER store depletion (partial) Apical & Basolateral
Alkaline extracellular pH (partial)

P2X receptor Ca²⁺
entry channels

Extracellular zinc and ATP

Apical & Basolateral

ECaC or CAT (*Related to*
TRPs)

ER store depletion

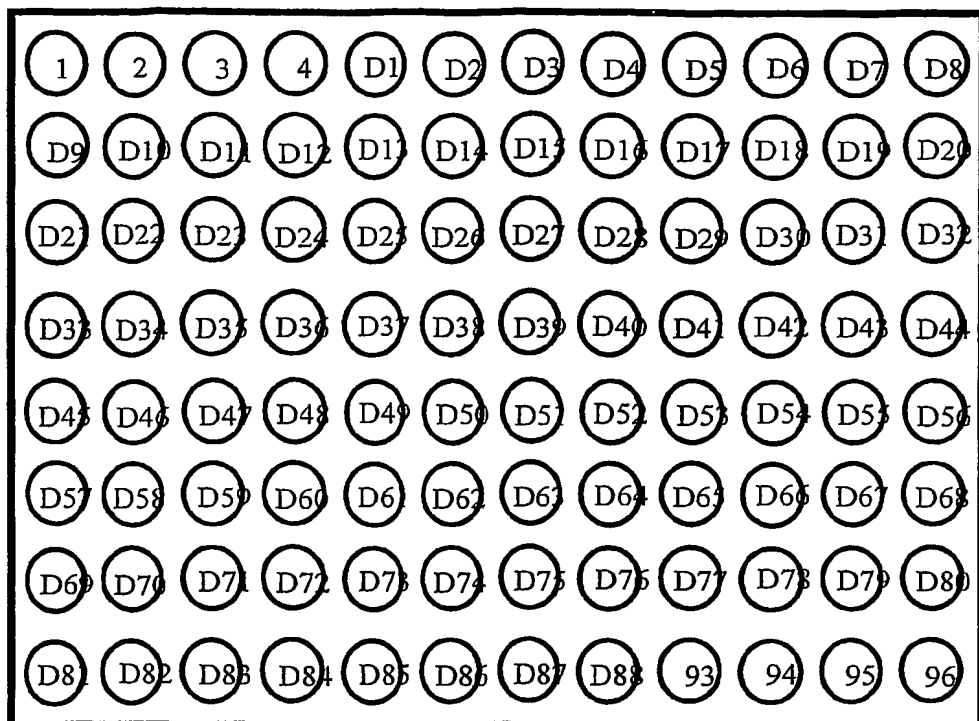
Apical

Ca²⁺-permeable
non-selective cation
channel (NSCC)

Stretch-activated

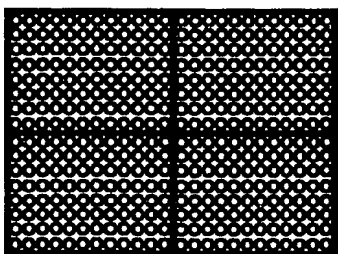
Apical

20A

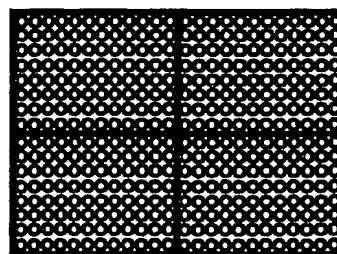


20B

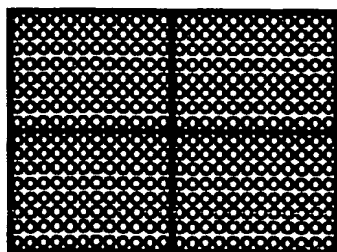
Step 1: IB3-1 CF cell line seeded and grown to confluence in a 384-well plate.



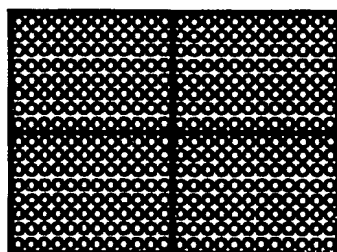
Step 2: Attached IB3-1 CF cells loaded with Fura-2/AM in culture medium for 2 hours.



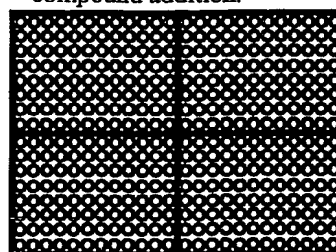
Step 3: IB3-1 cells washed with PBS modified for HTS (0 Na⁺, 0 Mg²⁺, 3 mM Ca²⁺) 3X.



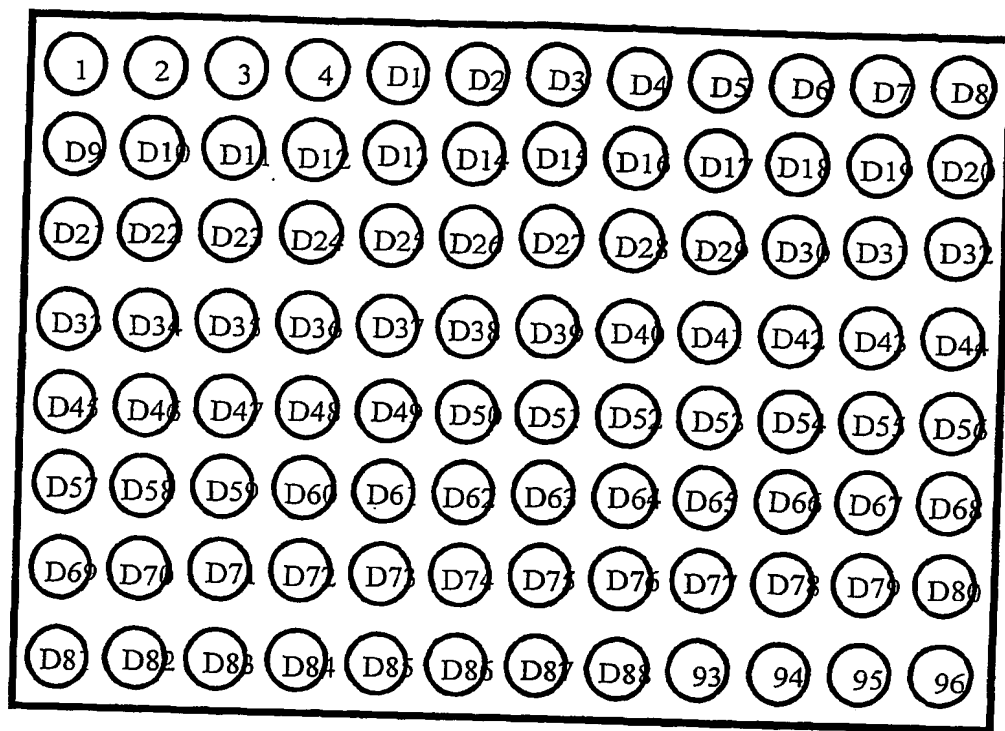
Step 4: IB3-1 cells exposed to an individual compound in each well versus positive and negative controls.



Step 5: Fura-2 fluorescence read in IB3-1 cells at 340 and 380 nm wavelengths before and 1, 3, 5, and 15 minutes after compound addition.



20C

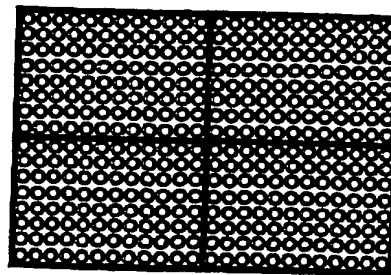
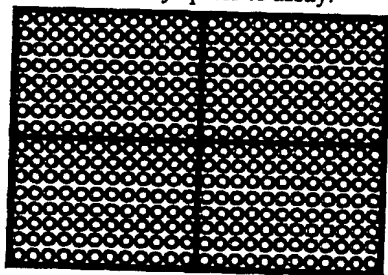


Step 1A: INS-1 β cell line seeded
in a 384-well plate.

Step 1B: INS-1 cells rested in 5 mM
glucose 2 days prior to assay.

Step 2: Attached INS-1 β cells
loaded with Fura-2/AM in low
glucose culture medium for 2 hours.

20D



Step 3: INS-1 cells washed
with PBS modified for HTS
(0 Na⁺, 0 Mg²⁺, 3 mM Ca²⁺) 3X.

Step 4: INS-1 cells exposed
to an individual compound in
each well versus positive and
negative controls in the absence
and presence of 15 mM glucose
and/or 30 mM KCl in the 4 quadrants.

Step 5: Fura-2 fluorescence
read in INS-1 cells at 340
and 380 nm wavelengths before
and 1, 3, 5, and 15 minutes.

